

PRESENTED TO
SIR ROBERT W. PHILIP,
M. D., F. R. C. P.



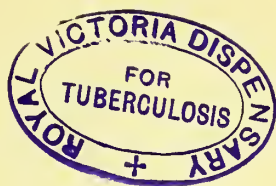


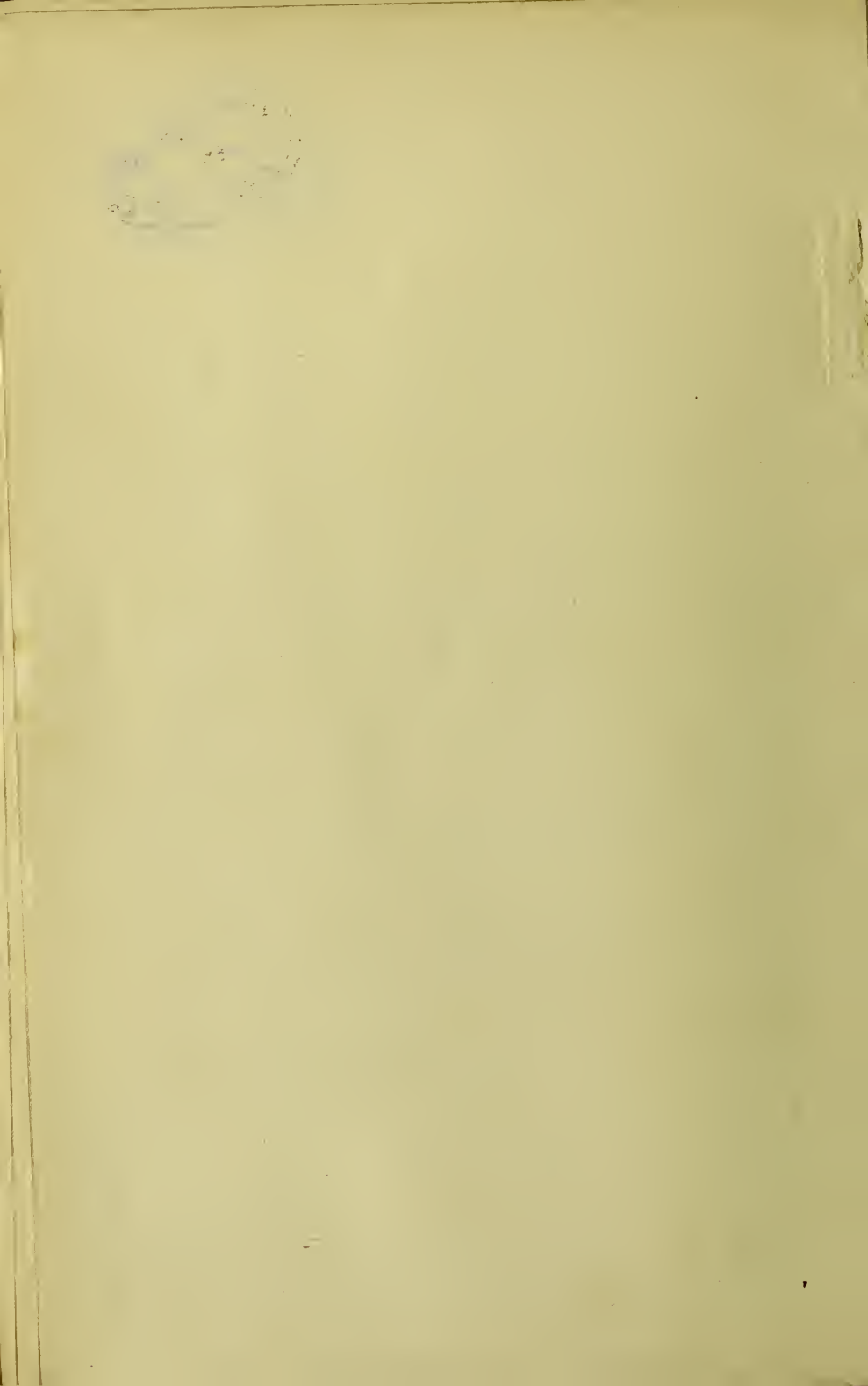
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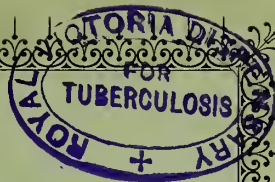
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✻ THE ✻
VICTORIA DISPENSARY

FOR

Consumption

AND

Diseases of the Chest,

26 ✻ LAURISTON ✻ PLACE,

EDINBURGH,

AND PROPOSED

Hospital for Consumption.



REPORT for YEAR 1892.

In Memoriam Wards and Beds.

THE Trustees will be pleased to gratify the wish of any Donors who may desire to endow and name a Ward or single bed in the proposed Hospital. They purpose, therefore, to affix to beds in perpetuity the name of any benefactor of the Hospital to the extent of £1,000 by donation or legacy, who so desires it, and to Wards in recognition of larger donations.

Lord Derby, when presiding at the opening of the New Extension Building to Brompton Hospital for Consumption, alluding in his speech to Memorial Wards and Beds, said—"One cannot dictate the form which affection and regret shall take to display themselves; every one must make their own choice; but for myself, I cannot conceive a more satisfactory method of keeping alive the memory of a lost relative or friend, than by attaching his or her name permanently and inseparably to an institution which is intended to relieve suffering, and which for many generations to come may be a benefit to the living as well as a remembrance of the dead."

FORM OF LEGACY OR BEQUEST.

I give and bequeath to the VICTORIA DISPENSARY FOR CONSUMPTION AND DISEASES OF THE CHEST, AND THE PROPOSED HOSPITAL FOR CONSUMPTION, payable to the Treasurers of the Institution for the time being the sum of
free of legacy duty.

THE
VICTORIA DISPENSARY
FOR
CONSUMPTION
AND
DISEASES OF THE CHEST,
26 LAURISTON PLACE, EDINBURGH,
AND PROPOSED
HOSPITAL FOR CONSUMPTION.

Patrons and Patronesses.

THE DUKE OF ARGYLL.
THE EARL OF ABERDEEN.
THE LADY MARY HOPE.
THE LADY SUSAN GRANT SUTTIE.
HON. LORD KINNAR.
HON. LORD KYLLACHY.

REPORT FOR YEAR 1892.

ANNUAL GENERAL MEETING.

THE ANNUAL GENERAL MEETING of Subscribers and Friends was held in the Saloon of the Royal Hotel, Edinburgh, on 16th February 1893, at Four o'clock.

The Most Honourable the MARQUIS OF TWEEDDALE was moved to the Chair by Sir ALEXANDER CHRISTISON, Bart.

The Report of the Committee for 1892 having been read,

It was moved by the CHAIRMAN, seconded by Mr J. R. FINDLAY of Aberlour, and supported by Professor SIMPSON, M.D.—

“That the Report now submitted be adopted, printed, and circulated.”

Moved by the Rev. Dr CAMERON LEES, seconded by Sir THOMAS CLARK, Bart.—

“That this Meeting approves of the steps proposed by the Committee for the provision of Hospital accommodation for the in-door treatment of Consumptive Patients, and earnestly recommends the scheme to the liberality of all classes of the public.”

Moved by Rev. Professor MARCUS DODS, seconded by Mr WALLACE BRUCE, United States Consul—

“That the thanks of the public are due to the Medical Officers, the Committee of Management, the Honorary Secretaries and Treasurers, the Ladies' Committee, and the Lady Collectors for their valuable and gratuitous services during the past year, and that the following be the Office-bearers during the current year.” (See pages 3 and 4).

On the motion of Mr ANDREW USHER, a hearty vote of thanks was given to the Most Honourable the MARQUIS OF TWEEDDALE for his kindness in presiding.

OFFICE-BEARERS.

President.

SIR ALEXANDER CHRISTISON, BART

Vice-President.

SIR GEORGE WARRENDER, BART.

Trustees.

CHARLES COOK, Esq., Writer to the Signet.

CHARLES J. GUTHRIE, Esq., Advocate.

JAMES MYLNE, Esq., Writer to the Signet.

R. R. SIMPSON, Esq., Writer to the Signet.

General Committee.

ARTHUR ALISON, Esq., Advocate.

*JULIUS H. BEILBY, Esq., 10 Clarendon Crescent.

Dr JOSEPH BELL, Vice-President, Royal College of Surgeons.

The Rev. Dr BLAIR, St John's Parish Church.

Dr D. J. BRAKENRIDGE, F.R.C.P., 10 St Colme Street.

*Sir ALEXANDER CHRISTISON, Bart, 40 Moray Place.

Dr T. S. CLOUSTON, F.R.C.P., Royal Asylum, Morningside.

*J. P. COLDSTREAM, Esq., W.S., 6 Buckingham Terrace.

*CHARLES COOK, Esq., W.S., 61 Castle Street.

Dr HALLIDAY CROOM, F.R.C.P., 25 Charlotte Square.

The Rev. E. C. DAWSON, St Peter's Church.

The Rev. ARTHUR GORDON, St Andrew's Church.

*C. J. GUTHRIE, Esq., Advocate, 13 Royal Circus.

The Rev. JAMES HARVEY, Lady Glenorchy's Free Church.

J. D. LAWRIE, Esq., 5 Moray Place.

The Rev. JAMES MACGREGOR, D.D., St Cuthbert's Church.

The Very Rev. Dean MONTGOMERY, Edinburgh.

*JAMES MYLNE, Esq., W.S., 9 Randolph Crescent.

Professor ORR, U.P. Synod Hall.

The Rev. GEORGE PHILIP, Free St John's Church.

E. T. SALVESEN, Esq., Advocate.

*R. R. SIMPSON, Esq., W.S., 8 Brunsfield Crescent.

W. C. SMITH, Esq., Advocate.

Professor GRAINGER STEWART, M.D., Vice-President, Royal College of Physicians.

The Rev. ANDREW THOMSON, D.D., Broughton Place Church.

JOHN WARRACK, Esq., 14 Carlton Terrace.

Sir GEORGE WARRENDER, Bart., Brunsfield House.

JOHN WILSON, Esq., Advocate.

The Rev. J. H. WILSON, D.D., Barclay Church.

HENRY J. YOUNGER, Esq. of Benmore.

Those marked * form the Executive Committee.

Ladies' Committee.

Mrs BOW, 72 Brunsfield Place.

Mrs ALEXANDER CUMMING, 18 Ainslie Place.

Mrs MILLER CUNNINGHAM, 2 Ainslie Place.

Mrs G. H. GEDDES, 8 Douglas Crescent.

Mrs HISLOP, Castle Park, Prestonpans.

Mrs C. B. LOGAN, Erigmore, Dunkeld.

Miss MYLNE, 12 Charlotte Square.

Mrs R. W. PHILIP, 4 Melville Crescent.

Mrs WHITSON, Sen. of Parkhill, 20 Coates Crescent.

Honorary Physician.

R. W. PHILIP, M.A., M.D., F.R.C.P., 4 Melville Crescent.

Honorary Surgeon.

DAVID WALLACE, M.B., F.R.C.S., 66 Northumberland Street.

Assistant Medical Officer.

T. C. GUTHRIE, M.B., C.M.

Honorary Secretaries and Treasurers.

WALLACE & GUTHRIE, W.S., 1 North Charlotte Street.

APPEAL.

Consumption :
widespread
distribution.

THE Committee of the Victoria Dispensary for Consumption and Diseases of the Chest, seek no apology for renewing their appeal on behalf of the claims of the Institution. The Diseases, to the treatment of which the Dispensary is dedicated, have the sad pre-eminence of forming the largest group of ailments in our midst. There are comparatively few families which have not some acquaintance, more or less direct, with such illness, and many have witnessed the fairest in their homes mortally smitten by the scourge.

Registrar-
General's
returns.

The annual returns of the Registrar-General show that of the total deaths from all causes in the eight principal towns of Scotland, approximately one-third are due to consumption and diseases of the chest. Unhappily this terrible record of death represents but insufficiently the vast amount of suffering which pulmonary consumption entails. Long illness, with a heavy drain on pecuniary resources, broken-down health, inability to work, and consequent privation, are all too frequent results among the poorer classes.

Consumptive
hospitals
presently in
existence.

Many of the larger towns of the kingdom have special hospitals devoted solely to the treatment of consumption and chest diseases. Thus, London possesses five such hospitals, with about 650 beds, and

a total *clientèle* of in- and out-door patients exceeding 45,000 annually ; Liverpool has one hospital, with 50 beds, besides out-patients ; Manchester has one hospital, with over 30 beds, besides out-patients ; and similar institutions, on a smaller scale, exist in Newcastle, Belfast, and other towns. And most of these hospitals have been recently extending their limits.

Progress of
medical know-
ledge of the
disease.

It is recognised, too, that never before in the history of medicine have such rapid strides been made in the knowledge and treatment of consumption as within recent years. The consumptive's case is no longer regarded as hopeless. An International Congress, for the discussion of the subject, meets biennially in Paris, and about a year ago Professor Leyden, one of the leading physicians of Germany, induced the medical authorities of Berlin to combine together for the purpose of procuring the establishment of special hospitals for consumptive patients ; while the same end has been achieved in Vienna through the influence of Professor Schrötter.

Practical
therapeutics.

International
Medical Con-
gress in favour
of hospitals.

At the Tenth International Medical Congress, which met at Berlin in August 1890, the question of the treatment of consumptive patients in special hospitals formed one of the leading matters for discussion in the Medical Section, and the unanimous feeling of the immense meeting was expressed emphatically in favour of the method.

Opening of
Dispensary in
Edinburgh.

In spite of the appalling record of suffering and mortality, no definite scheme for the relief of the con-

sumptive existed in Edinburgh, or indeed in Scotland, till the foundation of the Victoria Dispensary for Consumption and Diseases of the Chest in 1887.

It was opened on the 22nd November of that year. ^{Number of cases treated, &c.} Up to the 31st January 1893, 2,753 *individual* cases have been under the physician's care. Almost all the patients have required lengthened treatment, some having paid more than a hundred visits. The Dispensary has been open three days a week, but the patients have been received daily when the special line of treatment required it. Often *more than sixty patients have been examined and treated in one day*, and the average attendance per week has latterly been considerably over a hundred.

The Dispensary has been placed upon a permanent ^{Home treatment.} and satisfactory footing, and during the past four months a further arrangement has been made for the visiting, at their own homes, of such patients as are too ill to attend.

It is not saying too much to aver that in a very ^{Results.} large number of cases serious illness has been checked, invalided men and women have been enabled to resume work, and others have obtained much-needed palliation of sore suffering. Certainly the expressions of gratitude from many of the patients have been extremely touching.

It affords the Committee much satisfaction to ^{A special hospital needed.} report that in five years so much has been achieved.

But the experience of the past has convinced them that there can be no doubt of the crying necessity for the establishment of a Consumption Hospital in Edinburgh. They recognise, from their work in connection with the Dispensary, that there is a most urgent need for such an Hospital. They only wait for sufficient funds to enable them to commence operations, even on a small scale. They believe that the Hospital would be found so great a blessing to the poor sufferers, as well as so essential in the interests of medical science, that an imperative demand would arise for its immediate extension, and they are confident that the public will not be backward in providing the funds.

In the interests of the sick and dying poor—so terribly reduced in strength and means by this fell disease—the Committee appeal earnestly to all who have the means, to come and aid them in a work of charity whose beneficent nature is only equalled by its necessity.

In name of the Committee,

ALEX. CHRISTISON,
President.

REPORT BY THE ACTING COMMITTEE
OF THE
Victoria Dispensary for Consumption and
Diseases of the Chest.

THE Committee have pleasure in submitting their Report for 1892, which has been a year of continuous progress in the development of the scheme for the relief of consumptives.

DISPENSARY.

In the Report for 1891 it was pointed out, that the increasing numbers seeking advice and relief at the Dispensary necessitated removal to larger premises. The Dispensary was accordingly removed to the present buildings in No. 26 Lauriston Place, and the Committee are glad to report that the accommodation there obtained has proved admirably suited for the requirements of this department of the work. During the year no fewer than 602 different patients have been treated, and the total number of attendances has been 7,781.

The total number of *individual* patients since the Dispensary was opened has been 2,753. As each patient, on the average, attends some ten times, the total number of attendances since the Institution was opened has been little short of 28,000. Further details regarding the patients will be found in the Medical Statistics, pp. 12-14.

HOME VISITING.

One of the definite objects which the Committee have all along been anxious to attain was the visiting in their own homes of patients too ill to attend at the Dispensary. During 1892, the increasing liberality of the friends of the Institution has enabled this to be arranged for. In October last, the Committee appointed a qualified Clinical Assistant, who, in addition to other duties, visits such patients in their own homes. This movement has proved eminently successful, and a most valuable adjunct to the Dispensary's operations. Since the middle of October over 40 cases of advanced consumption have been thus closely treated, giving 350 attendances at the patients' own homes. Interesting details of the kind of work thus overtaken will be found on pp. 15-18.

LADIES' VISITING COMMITTEE.

During the year now current, the Committee hope to arrange for a Ladies' Acting Committee, with the special object of visiting patients in their own homes, and superintending the distribution of blankets, clothing, &c., of which considerable quantities are from time to time received at the Dispensary as gifts from interested friends.

HOSPITAL FOR CONSUMPTION.

As proposed at the last General Meeting, a fund has been established with the object of providing Hospital accommodation for consumptive patients. It is clear that the sum needed for this purpose must be large, but the favour with which their efforts have already been met, leaves, in the minds of the Committee, no room to doubt the ultimate success of the project. Already a fund has been accumulated to the extent of over £2,000. The varied and influential sources

from which the subscriptions have come, and the frequent promises of further help, afford great gratification, and encourage the Committee to continued efforts. In the course of the present year it is hoped that some definite steps may be taken towards the foundation of an Hospital for the indoor treatment of consumptives.

SUBSCRIPTIONS.

The Committee most cordially thank the kind donors who have given subscriptions during the past year, and desire to record their appreciation of the trouble so generously taken by the Lady Collectors and others on behalf of the Institution. In gratefully acknowledging past kindness, they venture to remind the friends of the consumptive sufferer that the work is a large one, and can only be overtaken by strong and continued effort on the part of those who have the heart and the power to help.

In name of the Committee,

ALEX. CHRISTISON,
President.

MEDICAL STATISTICS.

UP to 31st January 1893, 2,753 *individual* cases received treatment at the Dispensary.

TABLE I.—SHOWING DISEASES FROM WHICH PATIENTS SUFFERED.

Pulmonary Phthisis ...	1,466	Pleura, Affections of ...	56
Bronchitis, Simple ...	419	Larynx, Affections of ...	48
Emphysema, with Bronchitis, Asthma, &c. ...	132	Influenza ...	24
Edema of Lungs, with or without Bronchitis and Weak Heart ...	94	Affections of related Organs, Throat, Stomach, Bowels, Heart, Kidneys, &c. (a large proportion being tubercular) ...	496
Capillary Bronchitis ...	9		
Croupous Pneumonia ...	4		
Injury to Chest, Periostitis ...	4		
Hernia of Lungs ...	1		2,753

TABLE II.—SHOWING OCCUPATIONS OF PATIENTS.

Artists ...	2	Firemen ...	9
Athletes ...	1	Fishermen and Sailors ...	40
Bakers ...	43	Fishwomen ...	26
Blacksmiths ...	21	Fitters and Riveters ...	15
Bookbinders and Folders ...	62	Gardeners and Farmers ...	13
Brassfinishers ...	25	Gatekeepers and Messengers ...	15
Butchers ...	11	Glasscutters and Grinders ...	11
Cabmen and Grooms ...	36	Glaziers and Gilders ...	8
Carpenters, Joiners, and Woodworkers ...	148	Guards ...	13
Charwomen ...	26	Gunmakers ...	2
Chemists ...	3	Hairdressers ...	7
Children (below fifteen) ...	264	Hawkers ...	34
Clerks and Warehousemen ...	109	Housewives ...	457
Coal Miners and Workers ...	20	Insurance Agents and Com- mercial Travellers ...	43
Comb and Brush Makers ...	6	Ironmoulders and Typefounders ...	31
Corkcutters ...	5	Jewellers and Watchmakers ...	14
Dairymen ...	3	Labourers ...	244
Domestic Servants ...	94	Laundresses ...	18
Engineers and Enginemen ...	32	Lorrymen and Carters ...	12

TABLE II.—SHOWING OCCUPATIONS OF PATIENTS—*Continued.*

Maltmen	8	Seamstresses and Dressmakers	72
Masons	138	Shoemakers	21
Millworkers	22	Sick Nurses	10
Musicians	4	Slaters	3
Nondescript	77	Soldiers	9
Painters	30	Students	4
Plasterers	10	Tailors and Hatters	67
Plumbers	21	Tanners and Curriers	15
Policemen and Watchmen	6	Teachers	12
Porters	43	Tinworkers	5
Printers, Compositors, and		Waiters	25
Engravers	74	Weavers	8
Riggers	2	Wireworkers	1
Rubber Workers	38		
Salesmen	59		
Saleswomen	50		
			<hr/> 2,753

TABLE III.—SHOWING AGES OF PATIENTS.

From 1-10	156
„ 11-20	413
„ 21-30	745
„ 31-40	620
„ 41-50	417
„ 51-60	267
Above 60	135
	<hr/> 2,753

TABLE IV.—SHOWING SEX OF PATIENTS.

Male	1,617
Female	1,136
	<hr/> 2,753

TABLE V.—SHOWING RESIDENCE OF PATIENTS.

Edinburgh	2,298
Leith, Newhaven, and Trinity	245
Country	210
	<hr/> 2,753

TABLE VI.—SHOWING DISTRICTS FROM WHICH PATIENTS HAVE BEEN RECEIVED, OTHER THAN EDINBURGH, LEITH, AND IMMEDIATE VICINITY.

Alexandria	1	Kingsknowe	1
Argyleshire	1	Kirkcaldy	3
Ayr	1	Leslie	1
Bathgate	2	Liberton	4
Berwick-on-Tweed	1	Linlithgow	2
Bonnyrigg and Lasswade	8	Livingston	1
Blairstown	1	Loanhead	3
Broxburn	4	Midcalder	5
Caithness	1	Milton Bridge	1
Cleland	1	Musselburgh and Fisherrow	17
Cockenzie	43	North Berwick	1
Colinton	1	Orkney and Shetland	6
Dalkeith	5	Peebles	3
Dalmeny	1	Penicuik	1
Davidson's Mains	2	Perth	1
Dumfries	2	Portobello and Joppa	6
Dunbar	4	Prestonpans	12
Dundee	2	Queensferry, N. and S.	9
Dunfermline	4	Rosewell	1
Earlston	2	Selkirk	1
England	7	Shotts	1
Forres	1	Slateford	1
Galashiels	2	Stirling	1
Glasgow	14	Tain	1
Gordon	1	Tranent	5
Granton	2	Uphall	2
Haddington	2	Wales	1
Hamilton	1		
Inverness	1		
Jedburgh	1		
			210

TABLE VII.—SHOWING ATTENDANCES DURING 1892.

					At their own Homes.
January ... ..	...	...	...	615	—
February ... ..	...	...	...	682	—
March ... ..	...	...	...	694	—
April ... ..	...	...	...	672	—
May ... ..	...	...	...	725	—
June ... ..	...	...	...	786	—
July ... ..	...	...	...	756	—
August ... ..	...	...	...	550	—
September ... ..	...	...	...	445	—
October ... ..	...	...	...	610	61
November ... ..	...	...	...	753	93
December ... ..	...	...	...	493	94
				7,781	248
Total ... ..	...	...	...	8,029	

ILLUSTRATIVE CASES.

THE following cases, taken at random from the note-book of the Assistant Medical Officer, will serve to illustrate the nature of this department of the work, and the necessity of a Consumption Hospital.

Case of A. B.—Girl, seventeen years of age, with tubercular disease of both lungs rapidly advancing. I found this patient lying in the corner of a large room, two storeys below the street level, dark, damp, ill-ventilated, the only window looking out on a small patch of dirty grass at the same level as the floor of the dwelling-house. At the opposite corner of the room was another bed in which her father, uncle, and little brother slept, her mother and some other members of the family having already died of phthisis. She lay on a dirty bed,—expectorating into scraps of linen which were thrown carelessly about the room,—not properly fed, clothed, or nursed. With such surroundings the poor child had to lie for weeks, racked by pain and constant coughing, gasping for breath, in a high fever, suffering greatly from thirst, till death relieved her from her suffering. Her friends, though doing everything in their power, had neither the means nor the knowledge required to nurse her properly.

Case of W. L.—Twenty-two years of age, married, with advanced tubercular disease of both lungs and alimentary tract. Suffering from pain in chest, distressing cough, high fever, profuse sweating, and diarrhœa. This patient—as is so common in these cases—has struggled on for months at his work, unable to keep up his benefit society payments,

always hoping to be "soon better," and able to pay up arrears. When at length his illness compelled him to stop work, he finds himself without resources of any kind, and dependent on charity or the "parish." He has three shillings and sixpence a week from a charitable society, with which he has to provide food and shelter for himself, wife, and child. They live in a small room, three flats up, bright and fairly clean, but all fresh air excluded for fear of "colds." Needless to say, this patient is unable to get proper food or medicines, and his young and ignorant wife, with a house and child to attend to, can do but little as a nurse, and both run serious risk to their own health.

Case of T. E.—Thirty-five years of age, with wife and three children. This patient has been off work for a considerable time with tubercular lung disease. He suffers greatly from cough, pain in chest, and breathlessness. He suffers much also from cold. His bed is very dirty and the bed-clothes scanty. He is left day after day quite by himself. From early morning till far on in the day his children are at school, and his wife—who is now the breadwinner—is out working, her precarious wage and a small pittance from the parish being their only means of livelihood. How terribly the sufferings of such a patient are increased by the conditions of his life—his inability to help when help is so much needed, his loneliness, his unsuitable surroundings, his want of food, clothing, nursing, medicine!

Case of M. T.—Woman, thirty-five years of age, deserted by her husband, affected with phthisis, with weak heart, bronchitis, and œdema of lungs. This patient is so feeble that she cannot get out of bed without fainting; suffers from severe cough, pain in chest, great weakness, and want of breath. She lives in a single room, four flats up, with her only daughter, whose weekly wage of eight shillings is all they have to live on. The girl has to leave for her work in the morning, and does not get back till six o'clock

or after, during which time her mother lies alone without food or attention of any kind.

Case of D. M.—Boy, about thirteen years of age, with pronounced consumption of lung and bowels. His father drinks, his mother is almost blind from cataract, and his sister has lung disease and takes epileptic fits. He suffers much from severe cough, great thirst with high fever, shortness of breath, diarrhœa, and sweating. In such a household what can be done for a patient who requires rest, quiet, fresh air, nourishing food, and gentle nursing?

Case of C. C.—Man, thirty-eight years of age, married, four children, with tubercular disease of lungs and alimentary system. He suffers from cough, pains in chest, weakness, shortness of breath, diarrhœa, and sickness. Constantly confined to bed for weeks, he has to lie in this state in the same room as the family live in. Here two children were lying ill, one with measles, the other with tubercular skin disease. The combined picture was harrowing in the extreme.

Case of T. S.—Lad of seventeen, with tubercular disease of both lungs, suffering from great breathlessness, pain in chest and head, in high fever, and with constant cough. He was cowering over the fire in a small room (about 12 feet by 8 feet), in a stifling atmosphere reeking of a stable underneath. Off this closet, which was lighted by a small skylight, closely shut, was a larger room where the rest of the family lived.

Case of M. B.—Woman, about thirty-five, with advanced phthisis. Patient suffers from constant cough, dyspnœa, pain in chest, diarrhœa, sweating. Her husband, a confirmed drunkard, frequently ill-treats her. She is dependent for everything on her small daughter, a child of twelve. This poor woman had to lie in this state for months, miserably provided for, in a small and draughty room, and in constant

terror lest her husband should come home drunk. Months previously she had been able to attend as an out-patient at the Dispensary, and improved for some time ; but want, and bodily and mental worry in her wretched surroundings, dragged her slowly down. Bedridden, she lay in this miserable home, dying by inches, for many weary weeks.

These cases, like all the others, were regularly visited from time to time, and everything that was possible in the circumstances done to promote recovery or alleviate suffering.

HONORARY LADY COLLECTORS.

- Alison, Miss A. B., 3 Moray Place.
 Allan, Miss, 25 Lauder Road.
 Allan, Miss E. R., 17 Lutton Place.
 Anderson, Miss Alice, 51 Melville St.
 Anderson, Mrs, 274 Morningside Road.
 Baird, Miss, 93 Warrender Park Road.
 Bell, Miss B. F., Braidview House,
 Nile Grove.
 Bell, Misses, 4 Buckingham Terrace.
 Bell, Mrs, 18 Barnton Terrace.
 Bennet, Miss E. A., 274 Morningside Rd.
 Beveridge, Miss M., 4 Viewforth.
 Blackstock, Miss A., 5 Moston Ter.
 Bow, Miss, 18 Albany Street.
 Bruce, Miss, 29 Chambers Street.
 Buist, Miss H. M., 26 Chalmers Street.
 Burn, Miss A. Bruce, 62 Blacket Place.
 Burnside, Miss M., 3 Marchhall Cres.
 Burroughs, Miss, 10 Stanhope Place.
 Burroughs, Miss A., do.
 Butchart, Miss, 14 Caledonian Place.
 Craven, Miss, Brummington House,
 Corstorphine.
 Cunningham, Miss A., 20 Craighall Rd.
 Cunningham, Mrs Miller, 2 Ainslie Pl.
 Dea, Miss, 160 Causewayside.
 Dewar, Miss H. W., 11 Millerfield Pl.
 Dickson, Miss H., 5 Millerfield Place.
 Donald, Miss Mary, 9 Whitehouse Ter.
 Edgar, Miss Mary, 15 Woodburn Ter.
 Esson, Miss, 1 Clarendon Crescent.
 Fairbairn, Miss M. B., Ferndale,
 Dalkéith Road.
 Finlayson, Miss S. A. A., 23 Lutton Pl.
 Fraser, Miss, 21 Chalmers Street.
 Gamgee, Miss, 27 Alva Street.
 Gardiner, Miss, 13 Fettes Row.
 Gordon, Miss Janet, 147 Warrender
 Park Road.
 Graham, Miss, 5 Tipperlinn Road.
 Graham, Miss E. R., 33 South Morn-
 ingside Drive.
 Graham, Miss M. S., 1 Chamberlain Rd.
 Gray, Miss, Gorgie Farm.
 Gray, Miss M. A., 21 Leopold Place.
 Grieve, Miss, 64 Dalkeith Road.
 Guthrie, Miss, West Grange, Grange
 Loan.
 Guthrie, Miss A., 8 Albert Terrace.
 Guthrie, Miss J., 49 Cluny Gardens.
 Harrison, Miss, 4 Leamington Road.
 Hunter, Miss, 23 Broughton Place.
 Hutton, Miss Agnes A., 3 Oxford St.
 Jack, Miss, 19 Great King Street.
 Johnston, Miss M., Sighthill, Gorgie.
 Jones, Miss K. W., 29 Mayfield Ter.
 Kennedy, Miss, 42 Blacket Place.
 Lamb, Miss, 2 Barnton Terrace.
 Ledingham, Miss M., 6 Duncan Street.
 Lennox, Miss, 19 West Nicolson Street.
 Lowe, Miss, 28 Gillespie Crescent.
 Macdonald, Miss C., 82 Thirlestane Rd.
 Macfarlane, Miss C., 9 Melville Street.
 Mackenzie, Miss B., Castle Gordon,
 Musselburgh.
 Mackenzie, Miss V. B., 23 Comiston Rd.
 M'Grath, Mrs, 31 Cumberland Street.
 M'Raith, Miss Jessie, 165 Dalkeith Rd.
 Mainwaring, Miss, 40 Merchiston
 Avenue.
 Marshall, Miss, 21 Abercromby Place.
 Mather, Miss H. M., The Lee, Colinton
 Road.
 Milne, Miss C. W., 16 Bantyre Ter.
 Mylne, Miss, 12 Charlotte Square.
 Murray, Miss, 22 Walker Street.
 Paterson, Miss, Restalrig Park, Leith.
 Pedersen, Miss M. C., 18 Drummond
 Place.
 Peterkin, Miss, Fairholm, Golden Acre.
 Peterkin, Miss E. H., do.
 Peterkin, Miss L., do.
 Philip, Miss, 52 Blacket Place.
 Rae, Miss B. N., 3 Cluny Avenue.
 Rankine, Miss E., 2 Suffolk Road.
 Riach, Miss C., 19 Mayfield Terrace.
 Riach, Mrs, 10 Royal Crescent.
 Robbie, Miss, 4 Montagu Terrace.
 Ross, Miss C., Wallace, 14 Woodburn
 Terrace.
 Scott, Miss, 27 Mayfield Terrace.
 Simpson, Miss M. B., 29 Lauder Road.
 Smart, Miss E. G., 1 Greenhill Place.
 Smith, Miss, 6 Glengyle Terrace.
 Smith, Miss Campbell, Ellerslie, West
 Savile Road.
 Stevenson, Miss, 25 Hartington Place.
 Stevenson, Miss J. W., 18 Royal Circus.
 Swanston, Miss, 8 Morningside Park.
 Thorburn, Miss E. M., 12 Hermitage
 Place, Leith.
 Towse, Miss, 24 Belgrave Crescent.
 Tullo, Miss M., 10 Gilmore Place.
 Turnbull, Miss, Eskbank.
 Turton, Miss H. M., 4 West Mayfield.
 Walker, Miss H., 3 West Castle Road.
 Watson, Mrs, Waverley House, Craig-
 lockhart.
 Wilkie, Miss A. L., 3 St Ronan's Ter.
 Wilson, Mrs Cochrane, 12 Carlton Ter.

ABSTRACT OF THE HON. TREASURERS' ACCOUNTS, from 31st December 1891 to 31st December 1892.

CHARGE.

I. Funds outstanding at 31st December 1891	£265	15	3
II. Subscriptions and Donations received—			
1. Edinburgh, as on page 28	£270	5	5
2. Leith, Trinity, and Wardie, as on page 29	35	10	0
3. Country, as on page 29	48	4	0
4. Miscellaneous, as on page 30	65	5	9
5. Under 5s.	103	19	9

Less—Expenses of Collection

£523	4	11
25	0	0

II. Special Donations towards providing Hospital Accommodation for the Patients, as detailed on page 20 to 23	£1,775	16	3
Less—Expenses of Collection	75	0	0

To which add Interest received

£1,700	16	3
25	13	10

1,726 10 1

£2,490 10 3

DISCHARGE.

I. Expenses connected with the Dispensary—			
1. Rent	-	-	£54 10 0
2. Repairs and Furnishings	-	-	20 2 11
3. Taxes, Insurance, Cleaning, Coals, Gas, &c.	-	-	41 6 1

£115 19 0

Salary of Out-Patient Medical Officer for three months

15	0	0
----	---	---

£130 19 0

II. Medical Appliances and Medicine supplied to Patients	-	-	76 19 7
III. Printing and Advertising	-	-	65 8 3
IV. Miscellaneous Expenses of Management	-	-	7 6 0

£280 12 10

V. Funds outstanding at 31st December 1892—

Sum on Deposit-Receipt with the Commercial Bank of Scotland Limited	-	-	£2,000 0 0
Balance on Account Current with do.	-	241	3 5

£2,241 3 5

Less—Balance due to the Hon. Treasurers

-	-	31	6	0
---	---	----	---	---

2,209 17 5

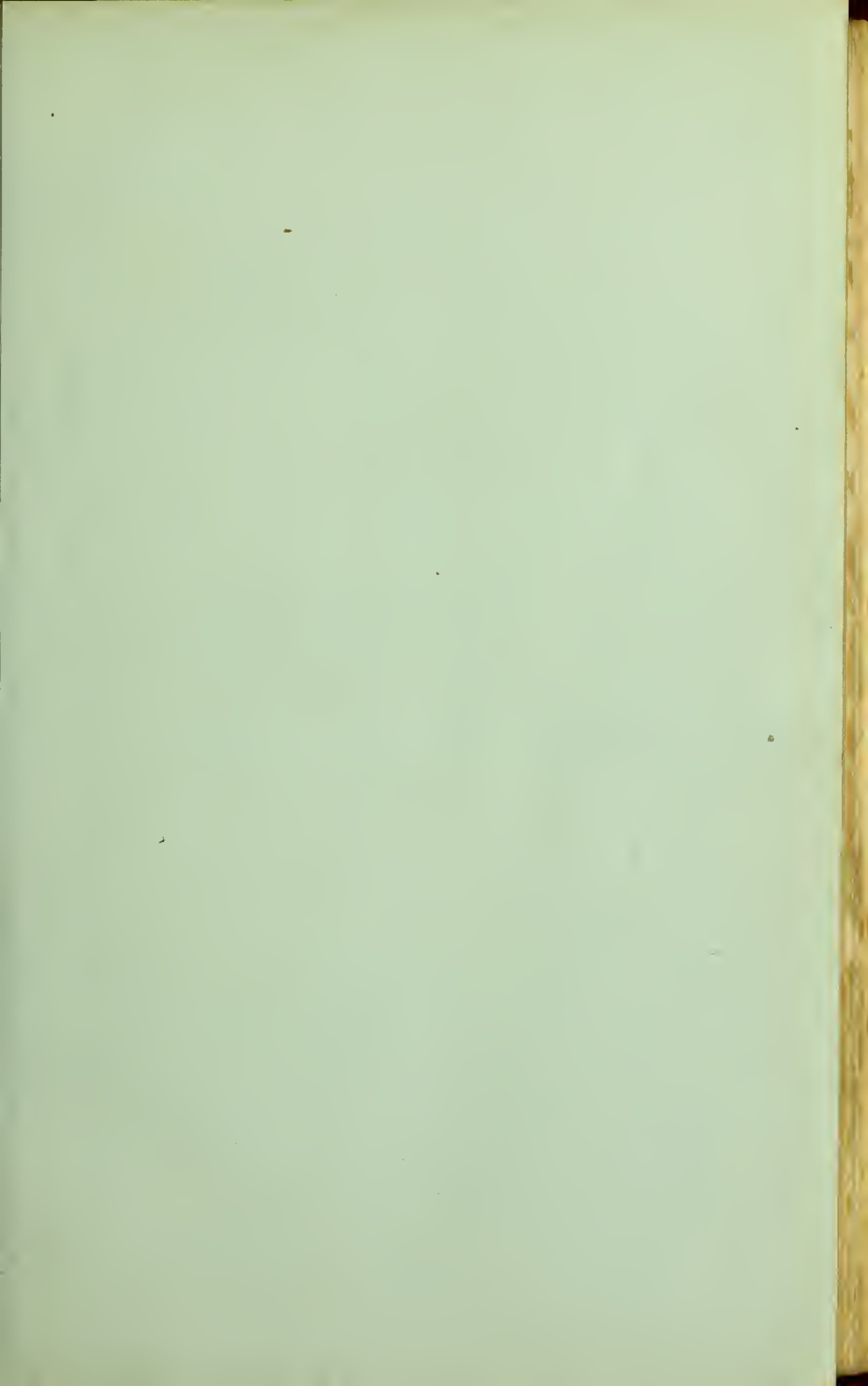
Whereof—Hospital Fund	£2,033	17	9
General Fund	-	175	19 8

£2,209 17 5

£2,490 10 3

EDINBURGH, 12th February 1893.—I have examined and audited the detailed Accounts of the Intromissions of the Hon. Treasurers, of which the foregoing is an Abstract prepared by me, and have found them to be correctly stated and sufficiently vouched.

GEO. H. CARPHIN, C.A., Auditor.



The Dispensary is open for the reception of patients
on MONDAYS, WEDNESDAYS, and FRIDAYS, at
3.30 p.m.

THE
VICTORIA HOSPITAL
FOR
CONSUMPTION
AND
Diseases of the Chest,
CRAIGLEITH, EDINBURGH.

Out-Patient Department : 26 LAURISTON PLACE.



REPORT for YEAR 1893.

In Memoriam Wards and Beds.

THE Trustees will be pleased to gratify the wish of any Donors who may desire to endow and name a Ward or single bed in the Victoria Hospital. They purpose, therefore, to affix to beds in perpetuity the name of any benefactor of the Hospital to the extent of £1,000 by donation or legacy, who so desires it, and to Wards in recognition of larger donations.

Lord Derby, when presiding at the opening of the New Extension Building to Brompton Hospital for Consumption, alluding in his speech to Memorial Wards and Beds, said—"One cannot dictate the form which affection and regret shall take to display themselves; every one must make their own choice; but for myself, I cannot conceive a more satisfactory method of keeping alive the memory of a lost relative or friend, than by attaching his or her name permanently and inseparably to an institution which is intended to relieve suffering, and which for many generations to come may be a benefit to the living as well as a remembrance of the dead."

FORM OF LEGACY OR BEQUEST.

I give and bequeath to the VICTORIA HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, EDINBURGH, payable to the Treasurers of the Institution for the time being, the sum of
free of legacy duty.

THE
VICTORIA HOSPITAL
FOR
CONSUMPTION
AND
DISEASES OF THE CHEST,
CRAIGLEITH, EDINBURGH.

Out-Patient Department : 26 LAURISTON PLACE.

REPORT FOR YEAR 1893.

W. C. SMITH, Esq., Advocate.

Professor Sir THOMAS GRAINGER STEWART, M.D., F.R.C.P.

The Rev. ANDREW THOMSON, D.D., Broughton Place Church.

JOHN WARRACK, Esq., 14 Carlton Terrace.

Sir GEORGE WARRENDER, Bart., Bruntsfield House.

JOHN WILSON, Esq., Advocate.

The Rev. J. H. WILSON, D.D., Barclay Church.

HENRY J. YOUNGER, Esq. of Benmore.

Samaritan Committee.

Mrs BALFOUR, 2 Rothesay Terrace.

Miss A. BURNS, Milrig, Braid Road.

Mrs AUCKLAND GEDDES, 16 Atholl Crescent.

Mrs G. H. GEDDES, 8 Douglas Crescent.

Mrs D. K. GUTHRIE, 49 Cluny Gardens.

Mrs HISLOP, Castle Park, Prestonpans.

Miss L. MACKENZIE, 44 Drumsheugh Gardens.

Miss MYLNE, 12 Charlotte Square.

Miss PEARSE, 3 Upper Gilmore Place.

Mrs R. W. PHILIP, 4 Melville Crescent.

Miss ROLLAND, Alva Street.

Mrs WHITSON, Sen. of Parkhill, 20 Coates Crescent.

Honorary Physician.

R. W. PHILIP, M.A., M.D., F.R.C.P., 4 Melville Crescent.

Honorary Surgeon.

DAVID WALLACE, M.B., F.R.C.S., 66 Northumberland Street.

Assistant Medical Officer.

A. C. AINSLIE, M.A., M.B.

Lady Superintendent.

Miss GUY.

Honorary Secretaries.

WALLACE & GUTHRIE, W.S., 1 North Charlotte Street.

Treasurer.

G. H. CARPHIN, C.A., 137 George Street.

APPEAL.

THE Committee of the Victoria Hospital for Consumption and Diseases of the Chest, seek Consumption : its widespread distribution. no apology for renewing their appeal on behalf of the claims of the Institution. The Diseases, to the treatment of which the Hospital and Dispensary are devoted, have the sad pre-eminence of forming the largest group of ailments in our midst. There are comparatively few families which have not some acquaintance, more or less direct, with such illness, and many have witnessed the fairest in their homes mortally smitten by the scourge.

The annual returns of the Registrar-General show Registrar-General's returns. that of the total deaths from all causes in the eight principal towns of Scotland, approximately one-third are due to consumption and diseases of the chest. Unhappily this terrible record of death represents but A living death. insufficiently the vast amount of suffering which pulmonary consumption entails. Long illness, with a heavy drain on pecuniary resources, broken-down health, inability to work, and consequent privation, are all too frequent results among the poorer classes.

Many of the larger towns of the kingdom have Consumptive Hospitals presently in existence. special hospitals devoted to the treatment of consumption and chest diseases. Thus, London possesses five such hospitals, with about 650 beds, and a total

clientèle of in- and out-door patients exceeding 45,000 annually; Liverpool has one hospital, with 50 beds, besides out-patients; Manchester has one hospital, with over 30 beds, besides out-patients; and similar institutions, on a smaller scale, exist in Newcastle, Belfast, and other towns. And most of these hospitals have been recently extending their limits.

Progress of
medical know-
ledge of the
disease.

It is recognised that never before in the history of medicine have such rapid strides been made in the knowledge and treatment of consumption as within recent years. The consumptive's case is no longer regarded as hopeless. An International Congress, for the discussion of the subject, meets triennially in Paris. Some two years ago Professor Leyden, one of the leading physicians of Germany, induced the medical authorities of Berlin to combine together for the purpose of procuring the establishment of special hospitals for consumptive patients; while the same end has been achieved in Vienna through the influence of Professor Schrötter.

Practical
therapeutics.

International
Medical Con-
gress in favour
of hospitals.

At the Tenth International Medical Congress, which met at Berlin in August 1890, the question of the treatment of consumptive patients in special hospitals formed one of the leading matters for discussion in the Medical Section, and the unanimous feeling of the immense meeting was expressed emphatically in favour of the method.

Opening of
Dispensary in
Edinburgh.

In spite of the appalling record of suffering and mortality, no definite scheme for the relief of the consumptive existed in Edinburgh, or indeed in Scotland,

till the foundation of the Victoria Dispensary for Consumption and Diseases of the Chest in 1887.

The Dispensary was opened on the 22nd November of that year as the Out-patient Department of the prospective Victoria Hospital for Consumption. Up to 31st January 1894, 3,468 *individual* cases have been under the physician's care. Almost all the patients have required lengthened treatment, some having paid more than a hundred visits. The Dispensary has been open three days a week, but the patients have been received daily when the special line of treatment required it. Often *more than sixty patients have been examined and treated in one day*, and the average attendance per week has latterly been considerably over a hundred. During the past eighteen months a further arrangement has been made for the visiting, at their own homes, by a qualified physician, of such patients as are too ill to attend.

Out-patient
Work.

Number of
cases treated,
&c.

Home treat-
ment.

The good work thus effected has been materially supplemented by the labours of the Samaritan Committee. The ladies of this Committee have undertaken the visiting of the more needy patients, and have dispensed invalid comforts so far as funds would permit.

Samaritan
Committee.

It is not saying too much to aver that in a very large number of cases serious illness has been checked, invalided men and women have been enabled to resume work, and others have obtained much-needed palliation of sore suffering. Certainly the expressions of gratitude from many of the patients have been extremely touching.

Results.

The Victoria
Hospital
opened, July
1894.

It affords the Committee much satisfaction to report that in six years so much has been achieved. But the experience of the past has convinced them they are but touching the surface of the vast evil. In view of the evidence they have accumulated, there can be no doubt of the crying necessity for the inauguration of a CONSUMPTION HOSPITAL in Edinburgh. Impressed with the urgency of the need, the Committee have gone forward, and undertaken the more serious responsibility of commencing the Hospital treatment of a small proportion of the more urgent cases. Craigleith House, which is well adapted for their purpose, has been leased, and the Committee will be prepared to admit the first patients early in Summer.

Extension of
Hospital
demanded.

They believe that the Hospital will be found so great a blessing to the poor sufferers, as well as so essential in the interests of medical science, that an imperative demand will arise for its speedy extension; and they are confident that the public will not be backward in providing the funds.

Blessed are the
merciful.

In the interests of the sick and dying poor,—so terribly reduced in strength and means by this fell disease,—the Committee appeal earnestly to all who have the means, to come and aid them in a work of charity, the beneficent nature of which is only equalled by the greatness of its necessity.

In name of the Committee,

ALEX. CHRISTISON,
President.

REPORT BY ACTING COMMITTEE
OF THE
Victoria Hospital for Consumption and
Diseases of the Chest, Edinburgh.

THE Committee have much satisfaction in submitting their Report for 1893, which has been a year of substantial and gratifying progress in the development of the scheme for the relief of consumption.

THE HOSPITAL.

In last year's Report the Committee expressed the hope that some definite steps might shortly be taken towards the foundation of an Hospital for the *indoor* treatment of Consumptives. They have peculiar pleasure in announcing that this is now accomplished. After much effort in many directions the Committee have been successful in obtaining a lease of Craighleith House, Comely Bank, which is an extremely suitable property. The House is in course of rapid transformation into the Victoria Hospital for Consumption and Diseases of the Chest. The Committee expect that the buildings will be ready for occupation in early summer. The Committee recognise that this is only a nucleus for much wider operations, but in view of the clamant calls for indoor treatment which daily reach them, they are grateful to be in a position to take this step. They are confident that the Hospital will be found so great a benefit to the consumptive poor that its rapid extension will be demanded ; and their experience in the past satisfies them that funds will be provided to meet the necessity.

THE OUT-PATIENT DEPARTMENT.

Attendance.—The number of new patients attending at Lauriston Place continues to show a steady increase. The total number of *individual* patients since the Dispensary was opened has been 3,468. As each patient on the average, attends about ten times, the total number of attendances has been little short of 35,000. Further details regarding the patients will be found in the Medical Statistics, pages 12-14.

Dispensary.—During the year the work of the Institution has been further augmented by the opening of a dispensing department on the premises. Hitherto the dispensing was done outside by special arrangement. The new scheme, while increasing the labour at Lauriston Place, should prove a material means of economy. The Committee's regulations are so framed as to limit the gratis dispensing of medicines to really necessitous cases. It will, however, be readily understood that in dealing with consumptive patients such cases must form a very large proportion.

HOME VISITING.

The Committee have from the first endeavoured to foster the principle of home attendance on the more serious cases. It was not till late in 1892 that the increasing liberality of the friends of the Institution permitted their practising this in systematic fashion, by the appointment of a qualified Clinical Assistant. The Committee recognise that this has been one of the greatest advances they have yet made, and they would gladly find themselves in a position to have a second Assistant. During 1893 close on 2,000 attendances have been recorded at the homes of patients in an advanced stage of consumption. Interesting details of the kind of work thus overtaken are given at pages 15-18.

SAMARITAN COMMITTEE.

During the year the Committee have been able to arrange a Ladies' Samaritan Committee, whose special mission is the visiting of patients in their own homes, and the collection and distribution of blankets, clothing, and invalid comforts. The Samaritan Committee's efforts have been in the highest degree serviceable, and, the Committee have reason to know, fruitful of the best results. The Executive take this opportunity of warmly recommending this department of the work to the benevolent public.

SUBSCRIPTIONS.

The Committee most cordially thank all the friends of the consumptive poor for their ready and substantial sympathy. Little more than six years ago the Institution began its work of mercy in a simple way, but with growing operations there is need for greater supplies. The Committee venture to hope that they will soon be placed in possession of larger funds with which effectively to combat this grievous plague of our civilisation.

The Committee desire in conclusion to record their sense of gratitude to the ladies who have volunteered their services in connection with the Samaritan work ; to the lady collectors and to the medical officers, all of whom have devoted much time and energy in carrying on the work.

In name of the Acting Committee,

ALEX. CHRISTISON,
President.

EDINBURGH, 15th May 1894.

MEDICAL STATISTICS.

UP to 31st January 1894, 3,468 *individual* cases received treatment at the Out-Patient Department.

TABLE I.—SHOWING DISEASES FROM WHICH PATIENTS SUFFERED.

Pulmonary Tuberculosis ...	1,919	Pleura, Affections of ...	83
Bronchitis	515	Larynx, Affections of ...	65
Emphysema, with Bronchitis, Asthma, &c.	151	Affections of related Organs, Throat, Stomach, Bowels, Heart, Kidneys, &c. (a large proportion being tubercular)	588
Œdema of Lungs, with or without Bronchitis and Weak Heart	126		
Capillary Bronchitis ...	11		
Croupous Pneumonia ...	5		
Injury to Chest, and Hernia of Lungs	5		
			3,468

TABLE II.—SHOWING OCCUPATIONS OF PATIENTS.

Artists	5	Engineers and Enginemmen	51
Athletes	1	Firemen	11
Bakers	53	Fishermen and Sailors ...	47
Blacksmiths	24	Fishwomen	32
Bookbinders and Folders ...	63	Fitters and Riveters ...	19
Brassfinishers	29	Gardeners and Farmers ...	18
Butchers	15	Gatekeepers and Messengers	16
Cabmen and Grooms ...	47	Glasscutters and Grinders ...	13
Carpenters, Joiners, and Woodworkers	171	Glaziers and Gilders ...	10
Charwomen	31	Grocers	5
Chemists	8	Guards	15
Children (below fifteen) ...	368	Gunmakers	2
Chimney Sweeps	1	Hairdressers	12
Clerks and Warehousemen	126	Hawkers	38
Coal Miners and Workers...	22	Housewives	568
Comb and Brush Makers ...	7	Insurance Agents and Com- mercial Travellers ...	53
Corkcutters	5	Ironmoulders and Typefounders	31
Dairymen	4	Jewellers and Watchmakers	16
Domestic Servants	121	Labourers	288

TABLE II.—SHOWING OCCUPATIONS OF PATIENTS—*Continued.*

Laundresses	23	Salesmen	73
Leather Workers	3	Saleswomen	62
Lorrymen and Carters	22	Seamstresses and Dressmakers	89
Maltmen	10	Shoemakers	30
Masons	170	Sick Nurses	12
Millworkers	42	Slaters	6
Musicians	5	Soldiers	9
Nondescript	95	Spinners	2
Painters	35	Students	5
Paper Cutters	1	Tailors and Hatters	76
Plasterers	17	Tanners and Curriers	15
Plumbers	25	Teachers	14
Policemen and Watchmen	10	Tinworkers	10
Porters	58	Waiters	31
Postmen, Lamplighters, &c.	3	Weavers	10
Printers, Compositors, and		Wireworkers	1
Engravers	98		
Riggers	2		
Rubber Workers	59		
			<hr/> 3,468

TABLE III.—SHOWING AGES OF PATIENTS.

From 1-10	229
„ 11-20	549
„ 21-30	931
„ 31-40	767
„ 41-50	508
„ 51-60	319
Above 60	165
	<hr/> 3,468

TABLE IV.—SHOWING SEX OF PATIENTS.

Male	2,026
Female	1,442
	<hr/> 3,468

TABLE V.—SHOWING RESIDENCE OF PATIENTS.

Edinburgh	2,889
Leith, Newhaven, and Trinity	344
Country	235
	<hr/> 3,468

TABLE VI.—SHOWING DISTRICTS FROM WHICH PATIENTS HAVE BEEN RECEIVED, OTHER THAN EDINBURGH, LEITH, AND IMMEDIATE VICINITY.

Aberdour	3	Inverkeithing	1
Alexandria	1	Inverness	1
Alva	2	Ireland	1
Argyleshire	1	Jedburgh	1
Ayr	1	Kingsknowe	1
Bathgate	2	Kirkcaldy	4
Berwick-on-Tweed ...	1	Kirknewton	1
Bo'ness	1	Leslie	1
Bonnyrigg and Lasswade	8	Liberton	4
Blairgowrie	1	Linlithgow	2
Broxburn	5	Livingston	1
Caithness	1	Loanhead	3
Cleland	1	Midcalder	5
Cockenzie	43	Milton Bridge	1
Colinton	1	Musselburgh and Fisherrow	17
Dalkeith	5	North Berwick	1
Dalmeny	1	Orkney and Shetland ...	7
Davidson's Mains ...	2	Peebles	6
Dumfries	2	Penicuik	2
Dunbar	4	Perth	1
Dundee	3	Portobello and Joppa ...	6
Dundonald	1	Prestonpans	12
Dunfermline	5	Queensferry, N. and S. ...	9
Duns	1	Rosewell	1
Earlston	2	Selkirk	1
England	7	Shotts	1
Forres	1	Slateford	2
Galashiels	2	Stirling	1
Glasgow	14	Tain	1
Gordon	1	Tranent	5
Grangemouth	2	Uphall	2
Granton	2	Wales	1
Haddington	3		
Hamilton	1		235

TABLE VII.—SHOWING ATTENDANCES DURING 1893.

				At Institu- tion.	At their own Homes.
January ... ..	...	...	...	376	117
February ... ..	...	...	...	480	125
March ... ..	...	...	...	677	94
April ... ..	...	...	...	392	158
May ... ..	...	...	...	413	155
June ... ..	...	...	...	562	158
July ... ..	...	...	...	412	163
August ... ..	...	...	...	511	174
September ... ..	...	...	...	426	173
October ... ..	...	...	...	479	225
November ... ..	...	...	...	418	187
December ... ..	...	...	...	404	199
				5,550	1,928

ILLUSTRATIVE CASES.



THE following cases, taken at random from the note-book of the Assistant Medical Officer, will serve to illustrate the nature of this department of the work, and the necessity of a Consumption Hospital.

Case of A. B.—Girl, seventeen years of age, with tubercular disease of both lungs rapidly advancing. I found this patient lying in the corner of a large room, two storeys below the street level, dark, damp, ill-ventilated, the only window looking out on a small patch of dirty grass at the same level as the floor of the dwelling-house. At the opposite corner of the room was another bed in which her father, uncle, and little brother slept, her mother and some other members of the family having already died of phthisis. She lay on a dirty bed,—expectorating into scraps of linen which were thrown carelessly about the room,—not properly fed, clothed, or nursed. With such surroundings the poor child had to lie for weeks, racked by pain and constant coughing, gasping for breath, in a high fever, suffering greatly from thirst, till death relieved her from her suffering. Her friends, though doing everything in their power, had neither the means nor the knowledge required to nurse her properly.

Case of W. L.—Twenty-two years of age, married, with advanced tubercular disease of both lungs and alimentary tract. Suffering from pain in chest, distressing cough, high fever, profuse sweating, and diarrhœa. This patient—as is so common in these cases—has struggled on for months at his work, unable to keep up his benefit society payments,

always hoping to be "soon better," and able to pay up arrears. When at length his illness compelled him to stop work, he finds himself without resources of any kind, and dependent on charity or the "parish." He has three shillings and sixpence a week from a charitable society, with which he has to provide food and shelter for himself, wife, and child. They live in a small room, three flats up, bright and fairly clean, but all fresh air excluded for fear of "colds." Needless to say, this patient is unable to get proper food or medicines, and his young and ignorant wife, with a house and child to attend to, can do but little as a nurse, and both run serious risk to their own health.

Case of T. E.—Thirty-five years of age, with wife and three children. This patient has been off work for a considerable time with tubercular lung disease. He suffers greatly from cough, pain in chest, and breathlessness. He suffers much also from cold. His bed is very dirty and the bedclothes scanty. He is left day after day quite by himself. From early morning till far on in the day his children are at school, and his wife—who is now the breadwinner—is out working, her precarious wage and a small pittance from the parish being their only means of livelihood. How terribly the sufferings of such a patient are increased by the conditions of his life—his inability to help when help is so much needed, his loneliness, his unsuitable surroundings, his want of food, clothing, nursing, medicine!

Case of M. T.—Woman, thirty-five years of age, deserted by her husband, affected with phthisis, with weak heart, bronchitis, and œdema of lungs. This patient is so feeble that she cannot get out of bed without fainting; suffers from severe cough, pain in chest, great weakness, and want of breath. She lives in a single room, four flats up, with her only daughter, whose weekly wage of eight shillings is all they have to live on. The girl has to leave for her work in the morning, and does not get back till six o'clock

or after, during which time her mother lies alone without food or attention of any kind.

Case of D. M.—Boy, about thirteen years of age, with pronounced consumption of lung and bowels. His father drinks, his mother is almost blind from cataract, and his sister has lung disease and takes epileptic fits. He suffers much from severe cough, great thirst with high fever, shortness of breath, diarrhœa, and sweating. In such a household what can be done for a patient who requires rest, quiet, fresh air, nourishing food, and gentle nursing?

Case of C. C.—Man, thirty-eight years of age, married, four children, with tubercular disease of lungs and alimentary system. He suffers from cough, pains in chest, weakness, shortness of breath, diarrhœa, and sickness. Constantly confined to bed for weeks, he has to lie in this state in the same room as the family live in. Here two children were lying ill, one with measles, the other with tubercular skin disease. The combined picture was harrowing in the extreme.

Case of T. S.—Lad of seventeen, with tubercular disease of both lungs, suffering from great breathlessness, pain in chest and head, in high fever, and with constant cough. He was cowering over the fire in a small room (about 12 feet by 8 feet), in a stifling atmosphere reeking of a stable underneath. Off this closet, which was lighted by a small skylight, closely shut, was a larger room where the rest of the family lived.

Case of M. B.—Woman, about thirty-five, with advanced phthisis. Patient suffers from constant cough, dyspnœa, pain in chest, diarrhœa, sweating. Her husband, a confirmed drunkard, frequently ill-treats her. She is dependent for everything on her small daughter, a child of twelve. This poor woman had to lie in this state for months, miserably provided for, in a small and draughty room, and in constant

terror lest her husband should come home drunk. Months previously she had been able to attend as an out-patient at the Dispensary, and improved for some time; but want, and bodily and mental worry in her wretched surroundings, dragged her slowly down. Bedridden, she lay in this miserable home, dying by inches, for many weary weeks.

These cases, like all the others, were regularly visited from time to time, and everything that was possible in the circumstances done to promote recovery or alleviate suffering.

SAMARITAN WORK.

This graphic narrative, reported by one of the lady visitors, tells its own terribly sad tale:—

Case of A. G.—Married man, with young wife and two children. Unable to work for nine months; in the last stage of consumption. Wife working one day in the week; her confinement near, and unable to do much. In this state the household had just flitted to another house. A. G. quite exhausted with removal and unable to rise, suffering terribly from coughing, exhaustion, and expectoration. Wife obliged to put him on “shake-down” three days after removal, and infant born that evening in bed where husband had been. Thirty-six hours after, wife had to rise to let A. G. be put into the bed again, where he died twelve hours later in great suffering. Wife, new-born infant, and the two others, had to sleep on “shake-down” for three days, until the “parish” came to bury the husband and father! Is it to be wondered at that consumption spreads? Are we doing our duty?

List of Honorary Lady Collectors.

I. EDINBURGH.

- Alison, Miss, 3 Moray Place.
 Allan, Miss, 25 Lauder Road.
 Allan, Miss, 15 Hope Terrace.
 Anderson, Miss A., 51 Melville Street.
 Baird, Miss, 93 Warrender Park Road.
 Bell, Mrs, 18 Barnton Terrace.
 Bell, Misses, 4 Buckingham Terrace.
 Blackstock, Miss Anna, 44 Fountainhall Road.
 Bow, Miss, 72 Bruntsfield Place.
 Buist, Miss H. N., 26 Chalmers Street.
 Burnside, Miss M., 3 Marchhall Cres.
 Burroughs, Miss, 10 Stanhope Place.
 Burroughs, Miss A., do.
 Burrows, Miss, 33 Warriston Crescent.
 Cameron, Miss, 49 Polwarth Gardens.
 Campbell, Mrs, 111 Marchmont Road.
 Carmichael, Mrs, 1 Viewforth.
 Cresswell, Miss, 9 Gladstone Place.
 Cunningham, Mrs Miller, 2 Ainslie Place.
 Dea, Miss, 160 Causewayside.
 Dewar, Miss H. W., 11 Millerfield Pl.
 Dickson, Miss Hetty, 5 do.
 Donald, Miss Mary, 9 Whitehouse Terrace.
 Douglas, Miss, 11 Morton Street, Leith.
 Edgar, Miss Mary, 15 Woodburn Ter.
 Fairbairn, Miss M. R., Ferndale, 88 Dalkeith Road.
 Fraser, Miss M. C., 21 Chalmers Street.
 Gangee, Miss, 27 Alva Street.
 Gardner, Miss, 9 Howard Place.
 Gordon, Miss Janet, 147 Warrender Park Road.
 Graham, Miss, 5 Tipperlinn Road.
 Graham, Miss M. S., 1 Chamberlain Road.
 Gray, Miss, Gorgie Mains.
 Guthrie, Miss, 13 Cluny Drive.
 Guthrie, Miss A., 8 Albert Terrace.
 Guthrie, Miss J., 49 Cluny Gardens.
 Harrison, Miss, 4 Leamington Road.
 Henderson, Miss J. M., 2 Magdala Crescent.
 Hunter, Miss, 23 Broughton Place.
 Hutton, Miss A. A., 3 Oxford Street.
 Jack, Miss, 19 Great King Street.
 Jardine, Mrs, 14 Morningside Road.
 Jones, Miss K. W., 29 Mayfield Ter.
 Lennox, Miss, 19 West Nicolson Street.
 Macartney, Miss, Queensberry Lodge.
 Macdonald, Miss C., 82 Thirlestane Road.
 Macfarlane, Miss C., 9 Melville Street.
 M'Crie, Miss, 25 Pitt Street.
 M'Culloch, Mrs, 15 Broughton Street.
 M'Gillivray, Miss, 5 Braidburn Cres.
 M'Grath, Miss, 31 Cumberland Street.
 M'Raith, Miss J., 165 Dalkeith Road.
 Marshall, Miss, 21 Abercromby Place.
 Mather, Miss H., The Lee, Colinton Road.
 Miles, Miss, 27 St Bernard's Crescent.
 Milne, Miss C. W., 16 Blantyre Terrace.
 Minnoch, Mrs, 1 Gillespie Crescent.
 More, Miss, 59 Fountainhall Road.
 Muir, Miss, Morningside Manse.
 Murray, Miss, 22 Walker Street.
 Murray, Miss, 10 Gillespie Crescent.
 Omond, Miss, 12 Myrtle Terrace.
 Parkinson, Miss, 118 Princes Street.
 Paterson, Miss, Restalrig Park, Leith.
 Pederson, Miss M. C., 18 Drummond Place.
 Peterkin, Miss, Fairholm, Golden Acre.
 Peterkin, Miss E. H., do.
 Peterkin, Miss L., do.
 Philip, Miss, 52 Blacket Place.
 Rae, Miss B. N., 3 Cluny Avenue.
 Rankine, Miss E., 2 Suffolk Road.
 Riach, Mrs, 3 Upper Dean Terrace.
 Robbie, Miss, 4 Montagu Terrace.
 Scott, Miss, 6 Meadow Place.
 Smart, Miss E. G., 1 Greenhill Place.
 Smith, Miss, 47 Lauder Road.
 Stevenson, Miss J. W., 18 Royal Circus.
 Swanston, Miss, 8 Morningside Park.
 Taylor, Miss, 64 South Clerk Street.
 Thorburn, Miss E. M., 12 Hermitage Place, Leith.
 Towse, Miss, 24 Belgrave Crescent.
 Thomson, Mrs.
 Thomson, Miss.
 Ward, Miss, 67 Brunswick Street.
 Watson, Miss J., 4 Dundas Street.
 Watson, Miss M'Lean, 22 India Street.
 Watson, Mrs, Waverley House, Craiglockhart.
 Wood, Miss D. C.

II. COUNTRY.

Baird, Miss, The Manse, Broughton.
Ballantyne, Miss, Stoneyhill, Walkerburn.

Beattie, Miss, Bankshill Ho., Lockerbie.
Bell, Mrs, Powmill, Dollar.

Bennett, Miss, Mansfield, Leslie.

Blair, Miss, Ramshörn Cottage, Dollar.

Caithness, Miss, Grove Cottage, Monifeith.

Cameron, Miss, 11 Bridge St., Berwick.

Chapman, Miss, 12 Hawthorn Terrace, Cockenzie.

Collie, Miss, Ratho Park, Ratho.

Cowper, Miss, Barnton Gardens, Davidson's Mains.

Crawfurd, Miss Howison, Ardoch, Ayr.

Craven, Miss, Brunnington House, Corstorphine.

Cullen, Mrs, Tweedmount, St Boswells.

Currie, Miss, Boreland, Lockerbie.

Davidson, Miss, Bellevue, Jedburgh.

Easton, Miss Janet, Jedburgh.

Finlay, Miss Janet, Mossy Mill, Colinton.

Finlayson, Miss, Redcastle, Arbroath.

Gebbie, Miss, 57 Queen St., Galashiels.

Gonsalez, Miss, Portobello.

Hutchinson, Miss I., Chomnaich, Braemar.

Johnston, Mrs, The Manse, Uphall.

Johnston, Miss M., Dowally Lodge, Murrayfield.

Keir, Miss, U.P. Manse, Queensferry.

Kirsopp, Miss, High Street, Linlithgow.

Knox, Miss, Carlawerock, Tranent.

Lindsay, Miss, Drumsleed, Fordoun.

Miller, Mrs, Rossie Castle, Montrose.

Munro, Miss, 69 Broad Street, Cowdenbeath.

Macgregor, Miss, Parkville, Bridge-of-Allan.

Macgregor, Miss, Parkville, Bridge-of-Allan.

Macnaughton, Miss, Ivan Villa, Aberfeldy.

Osborne, Miss E., Stranraer.

Paisley, Miss, Eildon House, Melrose.

Scott, Miss M., Holland Bush, Comrie.

Smith, Miss, Underwood, Lockerbie.

Tait, Miss M. P., Gorebridge.

Turnbull, Mrs, Eastfield, Kelso.

White, Miss, Tantallon Lodge, North Berwick.

Williamson, Miss, Carstairs Junction.

ABSTRACT OF THE HON. TREASURERS' ACCOUNTS, from 31st December 1892 to 31st December 1893.

CHARGE.

I. Funds outstanding at 31st December 1892	-	£2,209	17	5
II. Subscriptions and Donations received—				
1. Edinburgh, as on page 30	-	£294	6	0
2. Leith, Trinity, and Wardie, as on page 31	-	21	10	0
3. Sums under 5/	-	136	9	7
		<u>£452</u>	<u>5</u>	<u>7</u>
4. Country Districts, as on page 33		162	14	2
5. Miscellaneous, as on page 33	-	37	13	1
		<u>£652</u>	<u>12</u>	<u>10</u>
Less—Expenses of Collection	-	39	1	0
III. Special Donations towards providing Hospital Accommodation for the Patients, as detailed on pages 21 to 24		<u>£929</u>	<u>19</u>	<u>3</u>
Less—Expenses of Collection	-	70	0	0
		<u>£859</u>	<u>19</u>	<u>3</u>
To which add Interest received		45	18	0
		<u>905</u>	<u>17</u>	<u>3</u>

£3,729 6 6

DISCHARGE.

I. Expenses connected with the Dispensary—				
1. Rent	-	-	-	£42
2. Furnishings and Repairs	-	-	-	11
3. Taxes, Insurance, Coals, Gas, &c.	-	-	-	26
4. Caretaker's Salary	-	-	-	25
				<u>105</u>
5. Salary of Out-Patient Medical Officer	-	-	-	60
				<u>£165</u>
II. Medical Appliances and Medicines supplied to Patients	-	-	-	148
III. Printing and Advertising	-	-	-	69
IV. Balance of Expense of Collecting Subscriptions for the year 1892	-	-	-	51
V. Miscellaneous Expenses of Management	-	-	-	17
				<u>£452</u>
VI. Funds outstanding at 31st December 1893—				
Sum on Deposit—Receipts with the Bank of Scotland	-	£2,962	1	3
Balance on Account Current with the Commercial Bank of Scotland	-	367	0	3
		<u>£3,329</u>	<u>1</u>	<u>6</u>
Less—Balance due to the Treasurer	-	52	3	10
				<u>3,276</u>
Whereof—Hospital Fund	-	£2,939	15	0
General Fund	-	337	2	8
		<u>£3,276</u>	<u>17</u>	<u>8</u>

£3,729 6 6

EDINBURGH, 10th February 1894.—I have examined and audited the detailed Accounts of the Intrmissions of Messrs Wallace & Guthrie, W.S., as Hon. Treasurers, of which the foregoing is an Abstract prepared by me, and have found them to be correctly stated and sufficiently vouched.

GEO. H. CARPHIN, C.A.



Recent Testimony to the need of a Consumptive Hospital.

The Most Noble the MARQUIS OF TWEEDDALE:

"I think we cannot fail to be surprised at the fact that this great city of Edinburgh, famous in the world for its medical schools, should at this date not have an hospital devoted to the treatment of one of the most terrible maladies with which we are acquainted. I cannot help expressing the hope that one of the results of this meeting will be to remove, or help to remove this, what I cannot but consider a reproach to the city of Edinburgh."

The Very Rev. Dr CAMERON LEES.

"Edinburgh is behind other cities in this matter. In London there are several hospitals for consumption, in Liverpool one, and in Manchester one; but it is a strange thing that there is none found in this great city, which has been so celebrated for medical science. I trust the want will soon be supplied; I trust that very soon we shall have a place where consumptive patients may be treated in a proper and humane manner; and I hope the public of this great city will cordially respond to the appeal that is about to be made to them. I believe that if the claims of the Institution are laid before the public, money will be forthcoming. There are rich men in our city who have lost children by consumption, and I hope some of them will found beds as is desired; for in the words that are written here, such a bed founded and endowed will not only tend to relieve the suffering, and be a blessing for many generations to the living, but it will be also a memorial of the dead."

Professor SIMPSON, President of the Royal College of Physicians.

"Existing Institutions do not give us the means of handling and treating those patients as they ought to be treated. The physicians of the Infirmary and of dispensaries do their best, but there come a number of patients afflicted with consumption in various forms whom it is impossible to treat in these Institutions, and it is high time that an Institution such as is proposed should be provided."

Sir THOMAS CLARK, Bart.

"I believe an hospital is required. I hope the Society will receive all the support it deserves. It has undoubtedly done a great deal of good already. I do not think it is sufficiently known among the inhabitants of Edinburgh."

Mr J. R. FINDLAY, Aberlour.

"It seems to me that it is both a necessity and a duty that an hospital for consumption should be established. The necessity arises from the fact that there is no proper method of dealing thoroughly with this disease under the present arrangements."

Rev. Professor MARCUS DODS, D.D.

"I know that I express the mind of every one here, and the mind, I have no doubt, of a great many who are not here, when I say that we recognise the very great services the office-bearers are rendering, and desire to give them our most cordial thanks."

The OUT-PATIENT DEPARTMENT, 26 LAURISTON PLACE, is open for the reception of patients on MONDAYS, WEDNESDAYS, and FRIDAYS, at 3.30 p.m., and for the Dispensing of Medicines Daily (except Sunday), from 10 to 11 a.m., and 6 to 7 p.m.

THE VICTORIA HOSPITAL
FOR
CONSUMPTION
AND
DISEASES OF THE CHEST,



CRAIGLEITH, EDINBURGH.

Out-Patient Department: 26 LAURISTON PLACE.

REPORT for Year 1894.

In Memoriam Wards and Beds.

THE Trustees will be pleased to gratify the wish of any Donors who may desire to endow and name a Ward or single bed in the Victoria Hospital. They purpose, therefore, to affix to beds in perpetuity the name of any benefactor of the Hospital to the extent of £1,000 by donation or legacy, who so desires it, and to Wards in recognition of larger donations.

Lord Derby, when presiding at the opening of the New Extension Building to Brompton Hospital for Consumption, alluding in his speech to Memorial Wards and Beds, said—"One cannot dictate the form which affection and regret shall take to display themselves; every one must make their own choice; but for myself, I cannot conceive a more satisfactory method of keeping alive the memory of a lost relative or friend, than by attaching his or her name permanently and inseparably to an institution which is intended to relieve suffering, and which for many generations to come may be a benefit to the living as well as a remembrance of the dead."

FORM OF LEGACY OR BEQUEST.

I give and bequeath to the VICTORIA HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, EDINBURGH, payable to the Treasurers of the Institution for the time being, the sum of
free of legacy duty.

THE
VICTORIA HOSPITAL
FOR
CONSUMPTION
AND
DISEASES OF THE CHEST,
CRAIGLEITH, EDINBURGH.

Out-Patient Department : 26 LAURISTON PLACE.

Regulations for the Admission of Patients will be found on second last
page of Cover.

REPORT FOR YEAR 1894.

Patrons and Patronesses.

THE DUKE OF ARGYLL.

THE EARL OF ABERDEEN.

THE LADY MARY HOPE.

THE LADY SUSAN GRANT SUTTIE.

HON. LORD KINNENEAR.

HON. LORD KYLLACHY.

OFFICE-BEARERS.

President.

SIR ALEXANDER CHRISTISON, BART.

Vice-President.

SIR GEORGE WARRENDER, BART.

Trustees.

CHARLES COOK, Esq., Writer to the Signet.

CHARLES J. GUTHRIE, Esq., Advocate.

JAMES MYLNE, Esq., Writer to the Signet.

R. R. SIMPSON, Esq., Writer to the Signet.

General Committee.

ARTHUR ALISON, Esq., Advocate, 3 Moray Place.

*JULIUS H. BEILBY, Esq., 10 Clarendon Crescent.

Dr JOSEPH BELL, F.R.C.S., 2 Melville Crescent.

The Rev. ROBERT BLAIR, D.D., St John's Parish Church.

*SIR ALEXANDER CHRISTISON, Bart., 40 Moray Place.

Dr T. S. CLOUSTON, F.R.C.P., Royal Asylum, Morningside.

*CHARLES COOK, Esq., W.S., 61 Castle Street.

Dr HALLIDAY CROOM, F.R.C.P., 25 Charlotte Square.

The Rev. E. C. DAWSON, St Peter's Church.

*J. R. FINDLAY, Esq., 3 Rothesay Terrace.

*C. J. GUTHRIE, Esq., Advocate, 13 Royal Circus.

The Rev. JAMES HARVEY, Lady Glenorchy's Free Church.

J. D. LAWRIE, Esq., 5 Moray Place.

The Rev. JAMES MACGREGOR, D.D., St Cuthbert's Church.

The Rev. Dean MONTGOMERY, D.D., Edinburgh.

*JAMES MYLNE, Esq., W.S., 10 Ainslie Place.

The Rev. Professor ORR, D.D., U.P. College.

The Rev. GEORGE PHILIP, D.D., Free St John's Church.

*Dr R. W. PHILIP, F.R.C.P., 4 Melville Crescent.

E. T. SALVESEN, Esq., Advocate, 40 Drumsheugh Gardens.

*R. R. SIMPSON, Esq., W.S., 8 Bruntsfield Crescent.

W. C. SMITH, Esq., Advocate, 57 Northumberland Street.

Professor Sir THOMAS GRAINGER STEWART, M.D., F.R.C.P.

The Rev. ANDREW THOMSON, D.D., Broughton Place Church.

JOHN WARRACK, Esq., 14 Carlton Terrace.

Those marked * form the Executive Committee.

Sir GEORGE WARRENDER, Bart., Bruntsfield House.

JOHN WILSON, Esq., Advocate, 24 Heriot Row.

The Rev. J. H. WILSON, D.D., Barclay Church.

HENRY J. YOUNGER, Esq. of Benmore.

Samaritan Committee.

Mrs BALFOUR, 2 Rothesay Terrace.

Miss A. BURNS, Milrig, Braid Road.

Miss FORMAN, 12 Merchiston Park.

Mrs AUCLAND GEDDES, 16 Atholl Crescent.

Mrs G. H. GEDDES, 8 Douglas Crescent.

Miss GORDON, 1 Darnaway Street.

Mrs D. K. GUTHRIE, 49 Cluny Gardens.

Mrs L. A. Guthrie, 9 Lynedoch Place.

Mrs HISLOP, Castle Park, Prestonpans.

Mrs JOLLY, 8 Braidburn Crescent.

Miss LOWSON, 9 Rothesay Place.

Miss L. MACKENZIE, 44 Drumsheugh Gardens.

Miss MONCRIEFF, 30 Northumberland Street.

Miss MYLNE, 12 Charlotte Square.

Mrs R. W. PHILIP, 4 Melville Crescent.

Miss A. J. ROLLAND, 16 Alva Street.

Mrs WATSON, 115 Warrender Park Road.

Mrs WHITSON, Sen. of Parkhill, 20 Coates Crescent.

Honorary Physicians.

R. W. PHILIP, M.A., M.D., F.R.C.P., 4 Melville Crescent.

RALPH STOCKMAN, M.D., F.R.C.P., 12 Hope Street.

Honorary Surgeon.

DAVID WALLACE, M.B., F.R.C.S., 66 Northumberland Street.

Resident Physician.

J. ERNEST GOOD, M.B., C.M.

Non-Resident Clinical Assistant.

W. W. WISHART, M.B., C.M.

Lady Superintendent.

Miss GUY.

Honorary Secretaries.

WALLACE & GUTHRIE, W.S., 1 North Charlotte Street.

Treasurer.

GEORGE H. CARPHIN, C.A., 137 George Street.

Auditor.

EDWARD BOYD, C.A., 88 George Street.

LADY COLLECTORS.

I. EDINBURGH.

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Alexander, Mrs, 13 Albany Street.
 Alison, Miss, 3 Moray Place.
 Allan, Miss, 15 Hope Terrace.
 Allan, Miss, 25 Lauder Road.
 Baird, Miss, 93 Warrender Park Road.
 Bell, Misses, 4 Buckingham Terrace.
 Blackstock, Miss Anna, 44 Fountainhall Road.
 Bow, Miss, 72 Bruntsfield Place.
 Boyd, Miss M. E., 27 Melville Street.
 Buist, Miss H. N., 26 Chalmers Street.
 Burnside, Miss Margaret, 3 Marchhall Crescent.
 Burroughs, Miss, 10 Stanhope Place.
 Burroughs, Miss A., do.
 Calley, Mrs.
 Dea, Miss M., 160 Causewayside.
 Dickson, Miss Hetty, 5 Millerfield Pl.
 Donald, Miss Mary, 9 Whitehouse Ter.
 Douglas, Miss.
 Fairbairn, Miss M. R., Ferndale, 88 Dalkeith Road.
 Gangee, Miss, 21 Alva Street.
 Gardner, Miss, 9 Howard Place.
 Gill, Mrs.
 Gordon, Miss Janet, 147 Warrender Park Road.
 Graham, Miss, 5 Tipperlinn Road.
 Guthrie, Miss, 21 Cluny Drive.
 Harrison, Miss, 4 Leamington Road.
 Henderson, Miss J. M., 2 Magdala Cres.
 Hunter, Miss, 23 Broughton Place.
 Jones, Miss K. W., 29 Mayfield Ter.
 Lennox, Miss, 19 West Nicolson Street.
 Logan, Miss, 25 Rutland Square.</p> | <p>Macdonald, Miss C., 82 Thirlestane Rd.
 Macfarlane, Miss.
 Macfarlane, Miss., 9 Melville Street.
 M'Crie, Miss, 25 Pitt Street.
 M'Culloch, Mrs.
 M'Gill, Miss Agnes, 47 Dick Place.
 M'Gillivray, Miss, 5 Braidburn Cres.
 M'Grath, Mrs, 31 Cumberland Street.
 Mackenzie, Miss J. F., 69 Queen Street.
 Mather, Miss H. M., The Lee, Colinton Road.
 Minnoch, Mrs.
 Muir, Miss, Morningside Manse.
 Murray, Miss, 22 Walker Street.
 Murray, Miss, 7 St Andrew Square.
 Paterson, Miss, Restalrig Park, Leith.
 Peterkin, Miss, Fairholm, Golden Acre.
 Peterkin, Miss E. H., do.
 Peterkin, Miss L., 1 Strowan Terrace, Trinity.
 Philip, Miss, 52 Blacket Place.
 Rae, Miss, 5 Cluny Avenue.
 Rankine, Miss Elizabeth, 2 Suffolk Rd.
 Riach, Mrs, 3 Upper Dean Terrace.
 Robbie, Miss, 4 Montagu Terrace.
 Rolland, Miss A. J., 16 Alva Street.
 Samson, Miss.
 Smart, Miss E. S., 1 Greenhill Place.
 Smith, Miss, 47 Lauder Road.
 Stevenson, Miss J. W., 18 Royal Circus.
 Swanson, Miss, 65 Morningside Park.
 Thorburn, Miss E. M., 12 Hermitage Place, Leith.
 Watson, Miss J., 4 Dundas Street.
 Wood, Miss.</p> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

II. COUNTRY.

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Ballantyne, Miss, Stoneyhill, Walkerburn.
 Bennett, Miss, Mansfield, Leslie.
 Blair, Miss, Ramshorn Cottage, Dollar.
 Brydon, Miss, Stationhouse, Edrom.
 Caithness, Miss, Grove Cottage, Monifeith.
 Cameron, Miss J., 11 Bridge Street, Berwick-on-Tweed.
 Cowper, Miss, Barnton.
 Cullen, Mrs, Tweedmount, St Boswells.
 Davidson, Miss, Bellevue, Jedburgh.
 Easton, Miss Janet, Jedburgh.
 Finlay, Miss J., Mossey Mill, Colinton.
 Finlayson, Miss, Redcastle, Arbroath.
 Forrest, Miss, Kirkliston.
 Gall, Miss, Woodhead, Bathgate.</p> | <p>Inglis, Miss.
 Johnston, Mrs, The Manse, Uphall.
 Johnston, Miss M., Dowally Lodge, Murrayfield.
 Kirsopp, Miss, High Street, Linlithgow.
 Knox, Miss, Carlawerock, Tranent.
 Meiklejohn, Miss, St Andrews.
 Millar, Mrs, Rossie Castle, Montrose.
 Ross, Miss Dora, Fountain Road, Golspie.
 Sanderson, Misses, Galashiels.
 Tait, Miss M. P., Gorebridge.
 Thomson, Miss, Barmeal, Fort-William.
 Turnbull, Mrs, Eastfield, Kelso.
 White, Miss, Tantallon Lodge, North Berwick.
 Wilson, Miss, Erskine House, Keith.</p> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

APPEAL.

Consumption : its wide-spread distribution.

THE Committee of the Victoria Hospital for Consumption and Diseases of the Chest, seek with increased earnestness to renew their appeal on behalf of the claims of the Institution. The Diseases, to the treatment of which the Hospital and Dispensary are devoted, have the sad pre-eminence of forming the largest group of ailments ⁱⁿ our midst. There are comparatively few families which have not some acquaintance, more or less direct, with such illness, and many have witnessed the fairest in their homes mortally smitten by the scourge.

Registrar-General's returns.

The annual returns of the Registrar-General show that of the total deaths from all causes in the eight principal towns of Scotland, approximately one-third are due to consumption and diseases of the chest. Unhappily this terrible record of death represents but insufficiently the vast amount of suffering which pulmonary consumption entails. Long illness, with a heavy drain on pecuniary resources, broken-down health, inability to work, and consequent privation, are all too frequent results among the poorer classes.

Progress of medical knowledge of the disease.

It is recognised that never before in the history of medicine have such rapid strides been made in the knowledge and treatment of consumption as within recent years. The consumptive's case is no longer regarded as hopeless. An International Congress, for the discussion of the subject, meets triennially in Paris. On the therapeutic side Professor Leyden, one of the leading physicians of Germany, has induced the medical

Practical therapeutics.

authorities of Berlin to combine together for the purpose of procuring the establishment of special hospitals for consumptive patients; while the same end has been achieved in Vienna through the influence of Professor Schrötter. In America, public interest has been awakened to a remarkable degree, and important measures have been adopted to combat the disease.

At the Tenth International Medical Congress, which met at Berlin in August 1890, the question of the treatment of consumptive patients in special hospitals formed one of the leading matters for discussion in the Medical Section, and the unanimous feeling of the immense meeting was expressed emphatically in favour of the method.

Several towns in the United Kingdom have large hospitals devoted to the treatment of consumption and chest diseases. Thus, London possesses five such hospitals, with about 650 beds, and a total *clientèle* of in- and out-door patients exceeding 45,000 annually. Liverpool has one hospital, with 50 beds, besides out-patients. Manchester has an hospital, with over 30 beds, besides out-patients. And most of these hospitals have been recently extending their limits.

In spite of the appalling record of suffering and mortality, no definite scheme for the relief of the consumptive existed in Edinburgh, or indeed in Scotland, till the foundation of the Victoria Hospital for Consumption and Diseases of the Chest in 1887.

On the 22nd November of that year a Dispensary was opened as the Out-patient Department of the prospective Victoria Hospital for Consumption. Up to 31st January 1895, 4,405 *individual* cases have been under the physician's care. Almost all the patients have required lengthened treatment, some having paid more than a hundred visits. The Dispensary has been

International
Medical Con-
gress in favour
of hospitals.

Consumptive
Hospitals
in England.

First Consump-
tion Hospital
for Scotland.

Out-patient
Work.

Number of
cases treated,
&c.

open three days a week, but the patients have been received daily when the special line of treatment required it. As many as *eighty-seven patients have been examined and treated in one day*, and the average attendance per week has for long been considerably over a hundred.

Home treatment.

In 1893, arrangements were made for the visiting in their own homes, by a qualified physician, of such patients as are too ill to attend. Since then no fewer than 4,712 visits have been paid, and this department of the work has become so important that an additional physician is now engaged in it. The good work thus effected has been very materially supplemented by the labours of the Samaritan Committee. Among their other benevolent duties, the ladies of this Committee visit the more needy patients and dispense invalid comforts as far as means permit.

Samaritan Committee.

The opening of the Hospital for In-door Patients.

Craigleith House, of which a lease was obtained early in 1894, has now been converted into an Hospital, providing accommodation for fifteen patients. The Hospital was opened in August 1894, and, up to 31st March 1895, 53 patients have been treated. The results have been very satisfactory, and demonstrate the necessity of increasing the accommodation as soon as possible.

Results.

It is not saying too much to aver that in a very large number of cases serious illness has been checked, invalided men and women have been enabled to resume work, and others have obtained much-needed palliation of sore suffering. Certainly the expressions of gratitude from many of the patients have been extremely touching.

It affords the Committee great satisfaction to report that in little over seven years so much has been achieved. But the experience of the past has convinced them they are but touching the surface of the vast evil.

By the establishment of

1. The Hospital;
2. The Out-Patient Department, including the dispensing of medicines and invalid foods;
3. The visiting, by qualified assistants, of patients *at their own homes*; and
4. The Samaritan Committee,

the Committee believe that they have laid the foundations of what is required for the work in Edinburgh and the surrounding district. But the means at their disposal are as yet wholly inadequate for the labour to be done. Each department must be extended as rapidly as funds can be provided, and there is practically no limit to the work. The public have up till now generously responded to the appeals made to them, and the Committee confidently ask that means should now be supplied not only sufficient to maintain the charity as now constituted, but to allow of its continuous extension in all departments.

In the interests of the sick and dying poor,—so Blessed are the merciful. terribly reduced in strength and means by this fell disease,—the Committee desire earnestly to urge all who have the means, to come and aid them in a work of charity, the beneficent nature of which is only equalled by the greatness of its necessity.

In name of the Committee,

ALEX. CHRISTISON,
President.

REPORT BY ACTING COMMITTEE
OF THE
Victoria Hospital for Consumption and
Diseases of the Chest, Edinburgh.

THE Committee have much satisfaction in submitting their Report for 1894, which has been a year of most important progress in the development of the scheme for the relief of consumption.

THE HOSPITAL.

The feature of the year has been the opening of the Hospital for the *indoor* treatment of a limited number of patients. With comparatively slight structural alterations, Craighleith House has been transformed into a suitably arranged Hospital, affording accommodation for fifteen patients—seven male and eight female. It was formally opened by Lord Stormonth Darling, in presence of a large company of lay and medical friends of the charity.

The Committee unanimously selected Miss Guy, Assistant Superintendent in the Royal Infirmary, to be Lady Superintendent of the Institution, and have every reason to be well satisfied with the appointment.

Since the first case was admitted, on 9th August 1894, the Hospital has not only been strained to its uttermost, but scores of patients have had to be refused admission. The list of applications stands far in excess of the present possibilities of the Hospital, although no name is added to the list for admission unless the disease is at a stage when benefit might be fairly expected.

Up to 31st March 1895, 53 individual cases have been received for treatment. The results have been highly encouraging, the greater proportion of the patients having been discharged much improved, and a fair number practically cured.

If the Hospital is to overtake any large share in the relief of consumption its accommodation must be greatly increased. The most distressing aspect of the whole work is the number of patients who could be relieved, and the admission of whom has to be delayed or refused.

THE OUT-PATIENT DEPARTMENT.

The numbers in attendance have been very large, and more especially the daily number of new patients at Lauriston Place has increased greatly. To meet the increased requirements the Committee during the year decided to appoint another Honorary Physician, and were fortunate in obtaining the services of Dr Ralph Stockman, F.R.C.P. The total number of *individual* patients since the Dispensary was opened has been 4,405, and the total number of attendances has been little short of 45,000. Further details regarding the patients will be found in the Medical Statistics, pages 14-17.

HOME VISITING.

The visiting of patients at their own homes, when too ill to attend the out-door department, has always been a feature of the institution. During the past year the average of attendance by the Medical Officer on such patients has been some 150 per month. So important has this branch of the charity become that the Acting Committee have determined to appoint an Out-door Medical Officer, who will co-operate with the Resident Medical Officer in the conduct of this department.

SAMARITAN COMMITTEE.

The labours of the Medical Officers have been conspicuously supplemented by the kind efforts of the ladies of the Samaritan Committee, to whom best thanks are due. Interesting details of the kind of work accomplished by this branch of the charity are given in pages 18-21.

DISPENSING DEPARTMENT.

One of the saddest aspects of the work is that extreme pecuniary distress is too often produced by the chronic nature of the diseases treated. The consumptive is generally unable to work, or at least to work whole time, for very long, and the medicines are necessarily expensive. As the illness progresses, unhappily the patient's circumstances become more straitened. Accordingly, although the regulations are so framed as to limit the gratis dispensing of medicines to really necessitous cases, the expenditure under this head is already large, and must be increased as the charity extends. The arrangements for dispensing medicine in Lauriston Place have worked satisfactorily, and proved to be an economic success.

SUBSCRIPTIONS.

After consideration the Committee decided to close the Accounts annually on 31st March instead of 31st December, and consequently the present Accounts are for a period of fifteen months. As some subscribers pay their subscriptions in the first three months of the year, it will be seen that in some instances the accounts include subscriptions for two years. Notwithstanding this, the expenditure has exceeded the revenue by £134. 14s. 1d., and the Committee have been compelled, in order to meet this sum, to draw upon the balance in hand, which, at the end of March, was reduced to £202. 8s. 7d. As the upkeep of the Institution costs at present, on an average, upwards

of £100 per month, and as the subscriptions are largely received during the winter season, the Committee have, at the date of this report, expended considerably more than the balance on hand at 31st March, and are now overdrawing the account to meet the current expenses. It is, therefore, apparent that public support is urgently required to place the administration of the Institution on a satisfactory footing.

The Committee most cordially thank the friends of the consumptive poor for their ready and substantial sympathy. On this occasion they have especially to thank Mr Andrew Usher of Blackford Park for his generous donation of £1,000 to endow a bed in the Hospital in memory of his son Mr Howard Graham Usher; and also A. Oliver Riddell, Esq., Craiglockhart, £100; A Friend, per R. R. Simpson, Esq., W.S., £100; Mrs Whitson, 20 Coates Crescent, £50; A Friend, per C. J. Guthrie, Esq., Advocate, £50.

The Committee desire in conclusion to record their sense of gratitude to the members of the medical staff, the lady superintendent and nurses, the ladies who have volunteered their services in connection with the Samaritan work, and the lady collectors, all of whom have devoted much care and energy in carrying on the work. They would also thank the clergymen whose kind services have been given at the Hospital.

In name of the Acting Committee,

ALEX. CHRISTISON,
President.

EDINBURGH, 1st July 1895.

MEDICAL STATISTICS.

HOSPITAL—INDOOR PATIENTS.

From the date of opening in autumn 1894 till 31st March 1895, 53 patients have been under treatment in the Hospital. These have all been cases of Consumption.

TABLE I.—SHOWING OCCUPATIONS OF PATIENTS.

Canvass Embossers	...	1	Medical Practitioners	...	1
Clerks	...	4	Millworkers	...	1
Coopers	...	1	Nondescript	...	3
Domestic Servants	...	6	Nursemaids	...	2
Dressmakers	...	4	Painters	...	2
Electrotype Finishers	...	1	Plumbers	...	1
Governesses	...	1	Policemen	...	1
Grocers	...	1	Schoolchildren	...	4
Housewives	...	8	Tailors	...	1
Joiners	...	1	Teachers	...	1
Labourers	...	1	Upholsterers	...	2
Laundresses	...	1	Valets	...	1
Librarians	...	1			
Maltmen	...	1			
Masons	...	1			
					53

TABLE II.—SHOWING AGES OF PATIENTS.

From 11-20	...	...	...	...	...	17
" 21-30	...	...	...	...	...	22
" 31-40	...	...	...	...	...	6
" 41-50	...	...	...	...	...	8
						53

TABLE III.—SHOWING SEX OF PATIENTS.

Males	...	...	...	...	...	24
Females	...	...	...	...	...	29
						53

TABLE IV.—SHOWING RESIDENCE OF PATIENTS.

Edinburgh	42
Vicinity of Edinburgh	7
Country—	
Fifeshire	1
Midlothian	1
Perthshire	1
Shetland	1
	— 4
	<u>53</u>

OUT-PATIENT DEPARTMENT.

Up to 31st January 1895, 4,405 *individual* cases received treatment at the Out-Patient Department.

TABLE I.—SHOWING ATTENDANCES DURING 1894.

					At Institu- tion.	At their own Homes.	TOTAL.
January ... ..	...	...	...	...	548	243	791
February ... ..	...	...	...	...	432	219	651
March ... ..	...	...	...	...	566	251	817
April ... ..	...	...	...	...	481	263	744
May ... ..	...	...	...	...	492	201	693
June ... ..	...	...	...	...	485	175	660
July ... ..	...	...	...	...	459	201	660
August ... ..	...	...	...	...	477	182	659
September ... ..	...	...	...	...	392	142	534
October ... ..	...	...	...	...	469	129	598
November ... ..	...	...	...	...	428	162	590
December ... ..	...	...	...	...	438	162	600
					<u>5,667</u>	<u>2,330</u>	<u>7,997</u>

TABLE II.—SHOWING DISEASES FROM WHICH PATIENTS SUFFERED.

Pulmonary Tuberculosis ...	2,579	Pleura, Affections of ...	99
Bronchitis	636	Larynx, Affections of ...	70
Emphysema, with Bronchitis,		Affections of related Organs,	
Asthma, &c.	181	Throat, Stomach, Bowels,	
Edema of Lungs, with or		Heart, Kidneys, &c. (a	
without Bronchitis and		large proportion being	
Weak Heart	142	tubercular)	676
Capillary Bronchitis ...	12		
Croupous Pneumonia ...	5		
Injury to Chest, and Hernia			
of Lungs	5		
			<u>4,405</u>

TABLE II.—SHOWING OCCUPATIONS OF PATIENTS.

Artists	7	Labourers	369
Athletes	1	Laundresses	26
Bakers	57	Leather Workers	5
Blacksmiths	39	Lorrymen and Carters	28
Bookbinders and Folders	87	Maltmen	13
Brassfinishers	32	Masons	205
Butchers	18	Millworkers	59
Cabmen and Grooms	59	Musicians	6
Carpenters, Joiners, and		Nondescript	135
Woodworkers	209	Painters	46
Charwomen	37	Paper Cutters	6
Chemists	8	Plasterers	17
Children (below fifteen)	477	Plumbers	29
Chimney Sweeps	1	Policemen and Watchmen	13
Clerks and Warehousemen	139	Porters	70
Coal Miners and Workers...	23	Postmen, Lamplighters, &c.	5
Comb and Brush Makers	7	Printers, Compositors, and	
Corkcutters	5	Engravers	118
Dairymen	4	Riggers	2
Domestic Servants	155	Rubber Workers	74
Engineers and Enginemem	57	Salesmen	74
Firemen	15	Saleswomen	87
Fishermen and Sailors	64	Seamstresses and Dressmakers	124
Fishwomen	33	Shoemakers	43
Fitters and Riveters	20	Sick Nurses	18
Gardeners and Farmers	22	Slaters	7
Gatekeepers and Messengers	24	Soldiers	9
Glasscutters and Grinders	15	Spinners	2
Glaziers and Gilders	10	Students	7
Grocers	10	Tailors and Hatters	107
Guards	20	Tanners and Curriers	16
Gunmakers	2	Teachers	23
Hairdressers	15	Tinworkers	14
Hawkers	43	Waiters	36
Housewives	762	Weavers	10
Insurance Agents and Com-		Wireworkers	3
mercial Travellers	63		
Ironmoulders and Typefounders	39		
Jewellers and Watchmakers	22		
			4,405

TABLE IV.—SHOWING AGES OF PATIENTS.

From	1-10	...	...	...	...	319
"	11-20	...	...	...	...	732
"	21-30	...	...	...	...	1,183
"	31-40	...	...	...	...	955
"	41-50	...	...	...	...	636
"	51-60	...	...	...	...	376
Above	60	...	...	...	...	204

4,405

ILLUSTRATIVE CASES.



HOSPITAL.

THE following notes of the history of a few of the cases, which have been admitted to the Hospital, illustrate the kind of work overtaken :—

Case of J. K.—Aged thirty-six, working tailor, married, with young family. Health became so bad he had to give up his work. Attended the Dispensary and was recommended for Hospital treatment in August 1894. He made most satisfactory progress and went out after ten weeks, having gained nineteen and a half pounds. Has been at work ever since.

Case of T. G.—Aged twenty-five. A nursemaid, owing to her very delicate health had been out of a situation for some months, and was entirely dependent on her sister (herself in domestic service) and a brother, her only relatives. She did well in Hospital, and after leaving was sent by ladies who had become interested in her to Convalescent Home.

Case of N. T.—Aged seventeen. Lived with her family, consisting of delicate father, mother (dying of phthisis), and four or five brothers and sisters in two rooms in a flat in an unhealthy locality. The girl made excellent progress, gaining some eight pounds in weight and correspondingly in strength, and returned home to take charge of the young family, the mother having died in the meanwhile.

Case of G. N.—Aged eleven. One of a family of nine children (mother confined of a tenth while G. N. was in Hospital). The whole family lived together in two rooms, dirty and ill-ventilated. The child came into Hospital ill-fed and puny-looking, and went out, after a stay of six weeks, a robust looking child.

Case of C. P.—Aged forty-five. Mason, married, with family, had been obliged to give up his work owing to ill-health. Made most satisfactory progress in Hospital, gaining strength and weight (some eight pounds), is now back at his work and keeping quite well.

Case of A. P.—Aged twenty-two. Plumber, single, history of illness for six months and delicate health for four years. Obligated to give up work entirely. Made practically a complete recovery, looking a different man at date of discharge—a stone heavier and one and a half inches broader. Arrangements were made for his emigration to a more certain climate.

OUT-PATIENT DEPARTMENT.

THE following cases, taken at random from the note-book of the Assistant Medical Officer, serve to illustrate the nature of this department of the work :—

Case of A. B.—Girl, seventeen years of age, with tubercular disease of both lungs rapidly advancing. I found this patient lying in the corner of a large room, two storeys below the street level, dark, damp, ill-ventilated, the only window looking out on a small patch of dirty grass at the same level as the floor of the dwelling-house. At the opposite corner of the room was another bed in which her father, uncle, and little brother slept, her mother and some other members of the family having already died of phthisis. She lay on a dirty bed,—expectorating

into scraps of linen which were thrown carelessly about the room,—not properly fed, clothed, or nursed. With such surroundings the poor child had to lie for weeks, racked by pain and constant coughing, gasping for breath, in a high fever, suffering greatly from thirst, till death relieved her from her suffering. Her friends, though doing everything in their power, had neither the means nor the knowledge required to nurse her properly.

Case of W. L.—Twenty-two years of age, married, with advanced tubercular disease of both lungs and alimentary tract. Suffering from pain in chest, distressing cough, high fever, profuse sweating, and diarrhoea. This patient—as is so common in these cases—has struggled on for months at his work, unable to keep up his benefit society payments, always hoping to be “soon better,” and able to pay up arrears. When at length his illness compelled him to stop work, he finds himself without resources of any kind, and dependent on charity or the “parish.” He has three shillings and sixpence a week from a charitable society, with which he has to provide food and shelter for himself, wife, and child. They live in a small room, three flats up, bright and fairly clean, but all fresh air excluded for fear of “colds.” Needless to say, this patient is unable to get proper food or medicines, and his young and ignorant wife, with a house and child to attend to, can do but little as a nurse, and both run serious risk to their own health.

Case of T. E.—Thirty-five years of age, with wife and three children. This patient has been off work for a considerable time with tubercular lung disease. He suffers greatly from cough, pain in chest, and breathlessness. He suffers much also from cold. His bed is very dirty and the bedclothes scanty. He is left day after day quite by himself. From early morning till far on in the day his children are at school, and his wife—who is now the breadwinner—is out working, her precarious wage and a small

pittance from the parish being their only means of livelihood. How terribly the sufferings of such a patient are increased by the conditions of his life—his inability to help when help is so much needed, his loneliness, his unsuitable surroundings, his want of food, clothing, nursing, medicine !

These cases, like all the others, were regularly visited from time to time, and everything that was possible in the circumstances done to promote recovery or alleviate suffering.

SAMARITAN WORK.

This graphic narrative, reported by one of the lady visitors, tells its own terribly sad tale :—

Case of A. G.—Married man, with young wife and two children. Unable to work for nine months; in the last stage of consumption. Wife working one day in the week ; her confinement near, and unable to do much. In this state the household had just flitted to another house. A. G. quite exhausted with removal and unable to rise, suffering terribly from coughing, exhaustion, and expectoration. Wife obliged to put him on “shake-down” three days after removal, and infant born that evening in bed where husband had been. Thirty-six hours after, wife had to rise to let A. G. be put into the bed again, where he died twelve hours later in great suffering. Wife, new-born infant, and the two others, had to sleep on “shake-down” for three days, until the “parish” came to bury the husband and father ! Is it to be wondered at that consumption spreads ? Are we doing our duty ?

ABSTRACT OF THE TREASURER'S ACCOUNTS, from 31st December 1893 to 31st March 1895.

I.—GENERAL REVENUE AND EXPENDITURE ACCOUNT.

CHARGE.		DISCHARGE.	
I. Balance at credit of Account at 31st December 1893,		I. Payments chargeable against the Revenue—	
per last Abstract - - - - -	£337 2 8	1. Payments in connection with the Hospital—	
II. Revenue received—		(1) Rent, Taxes, and Insurance - - - - -	£103 8 1
I. Subscriptions and Donations—		(2) Provisions - - - - -	216 17 3
(1) Edinburgh, as on page 34 - - - - -	£883 3 0	(3) Salaries and Allowances to Staff - - - - -	100 1 2
(2) Leith, Trinity, and Wardie, as		(4) Servants' Wages - - - - -	48 1 10
on page 34 - - - - -	28 13 0	(5) Coals and Gas - - - - -	66 4 4
(3) Sums under 2/6 - - - - -	31 18 1	(6) Repairs - - - - -	8 1 7
		(7) Medicines and Medical Appliances - - - - -	77 6 7
(4) Country Districts, as on p. 38	£943 14 1	(8) Lodge-keeper's Wages - - - - -	56 0 0
	208 6 0	(9) Expenses of Inaugural Ceremony - - - - -	27 3 4
2. Interest - - - - -	£1,152 0 1	(10) Telephone Rent, £12. 10s.; Matron's Sundries,	
	43 3 8	£15. 11s. 4d.; Stationery, £6. 17s. 10d.;	
		and Miscellaneous, £14. 7s. 1d. - - - - -	49 6 3
	1,195 3 9		£752 10 5
		2. Payments in connection with the Dispensary—	
		(1) Rent, Taxes, and Insurance - - - - -	£44 9 0
		(2) Salaries - - - - -	61 10 0
		(3) Coals and Gas - - - - -	21 12 11
		(4) Furnishings and Repairs - - - - -	5 9 10
		(5) Caretaker's Wages - - - - -	42 18 4
		(6) Medicines - - - - -	228 14 6
		(7) Telephone Rent, £10; Care-	
		taker's Sundries, £8; and	
		Miscellaneous, £2. 14s. 6d. - - - - -	20 14 6
		3. Printing—	425 9 1
		(1) Applicable to year 1893 - - - - -	£28 12 6
		(2) Applicable to year 1894 - - - - -	42 11 0
		4. Expenses of Collections - - - - -	71 3 6
		5. Expenses of Management - - - - -	35 6 4
			45 8 6
		II. Balance at credit of Account at 31st March 1895 - - - - -	£1,329 17 10
			202 8 7
			£1,532 6 5

II.—HOSPITAL FUND.

CHARGE.

I. Balance at credit of Fund at 31st December 1893, per last Abstract	£2,939 15 0
II. Special Donations in response to Appeal sent out in January 1895, as on page 40	254 11 6
	<u>£3,194 6 6</u>

DISCHARGE.

I. Alterations and Improvements on Hospital	£343 15 6
II. Furnishings	503 11 9
III. Expense of Collections—	
Printing	£22 11 6
Commission to Collector	12 15 0
	<u>35 6 6</u>

IV. Balance at credit of Fund at 31st March 1895

	£882 13 9
	2,311 12 9
	<u>£3,194 6 6</u>

III.—ENDOWMENTS FUND.

CHARGE.

I. Received for "Howard Graham Usher Bed"	£1,000 0 0
	<u>£1,000 0 0</u>

DISCHARGE.

I. Balance at credit of Fund at 31st March 1895	£1,000 0 0
	<u>£1,000 0 0</u>

IV.—STATEMENT OF FUNDS AS AT 31st MARCH 1895.

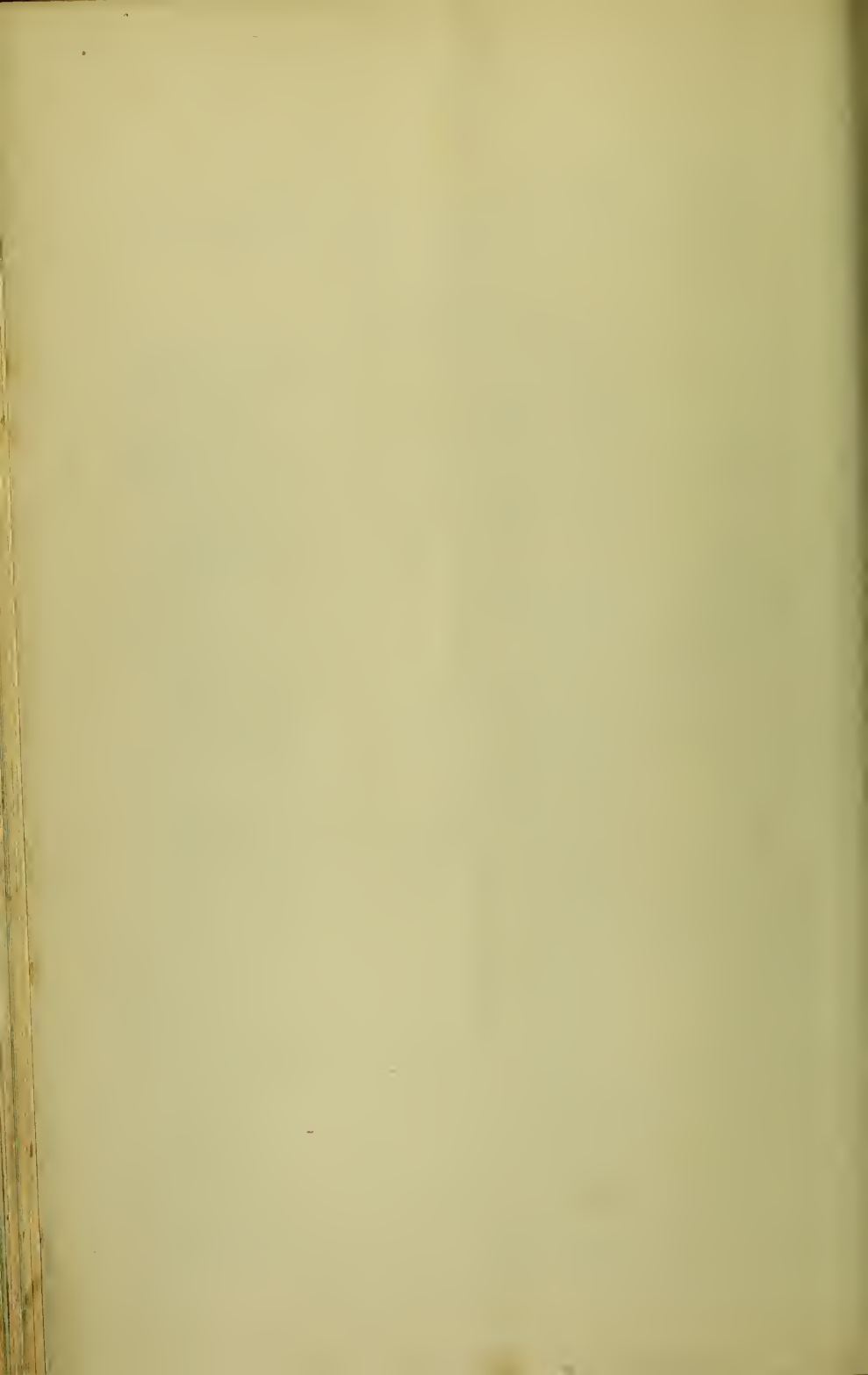
I. Balance at credit of General Revenue and Expenditure Account	£202 8 7
II. Balance at credit of Hospital Building Fund	2,311 12 9
III. Endowments Fund	1,000 0 0
Do.	
	<u>£3,514 1 4</u>

I. Sums on Deposit Receipt with the Bank of Scotland, awaiting Investment	£3,550 0 0
II. Balance on Account Current with the Commercial Bank of Scotland	19 5 1
III. Sum in the hands of Matron	5 0 0
	<u>£3,574 5 1</u>

Less—Balance due to the Treasurer	60 3 9
	<u>£3,514 1 4</u>

EDINBURGH, 31st May 1895.—I have examined the Account of the Intrusions of the Treasurer of the VICTORIA HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST for the period from 31st December 1893 to 31st March 1895, of which the above is an Abstract, and have found it correct. The cash balance of £60. 3s. 9d. due to the Treasurer is arrived at after including in the Account certain receipts and payments applicable to the period, but not received or paid until shortly after the period closed.

EDWARD BOYD, C.A., Auditor.



Regulations for the Admission of Patients.

1. The Victoria Hospital is founded for the treatment of patients suffering from Consumption and allied Diseases of the Chest, who are in necessitous circumstances.

2. No patient whose household is in receipt of Parish Assistance shall be considered eligible for admission.

3. Patients will be admitted to indoor treatment only if the Physician is satisfied that the case may reasonably be expected to benefit thereby.

4. Subject to the above restrictions, patients will be received strictly in order of application, according as vacancies may occur.

5. All applications for admission must be made directly to the Physician, Out-Patient Department, 26 Lauriston Place.

6. The length of residence in hospital will depend on the nature of the case. With regard to this the Physician shall be the sole judge; but no patient shall remain longer than sixty days, unless the conditions have been shown to be special, to the satisfaction of the Acting Committee.

7. No case shall be admitted twice in one year, except under similarly exceptional circumstances.

8. In entering the Hospital, patients agree to conform rigidly to the Rules of the Institution. No patient shall be readmitted if he has once been discharged for breach of Rules.

OUT-PATIENT DEPARTMENT,

42 LAURISTON PLACE.

The Out-Patient Department is open for consultation to all necessitous patients suffering from Consumption or Diseases of the Chest.

Medicines are dispensed *gratis* only to such patients as the Physician ascertains to be in need of such further assistance. A formal charge of One Penny will be made for each prescription so dispensed.

Patients shall not receive advice or medicines unless they attend punctually at the appointed hours, which are indicated on the Prescription Form.

The above Regulations are subject to alteration by the Acting Committee.

The OUT-PATIENT DEPARTMENT, 26 LAURISTON PLACE, is open for the reception of patients on MONDAYS, WEDNESDAYS, and FRIDAYS, at 3.30 p.m., and for the Dispensing of Medicines Daily (except Sunday), from 10 to 11 a.m., and 6 to 7 p.m.

THE VICTORIA HOSPITAL
FOR
CONSUMPTION
AND
DISEASES OF THE CHEST,



CRAIGLEITH, EDINBURGH.

Out-Patient Department : 26 LAURISTON PLACE.

REPORT for Year 1895=96.

In Memoriam Wards and Beds.

THE Trustees will be pleased to gratify the wish of any Donors who may desire to endow and name a Ward or single bed in the Victoria Hospital. They purpose, therefore, to affix to beds in perpetuity the name of any benefactor of the Hospital to the extent of £1,000 by donation or legacy, who so desires it, and to Wards in recognition of larger donations.

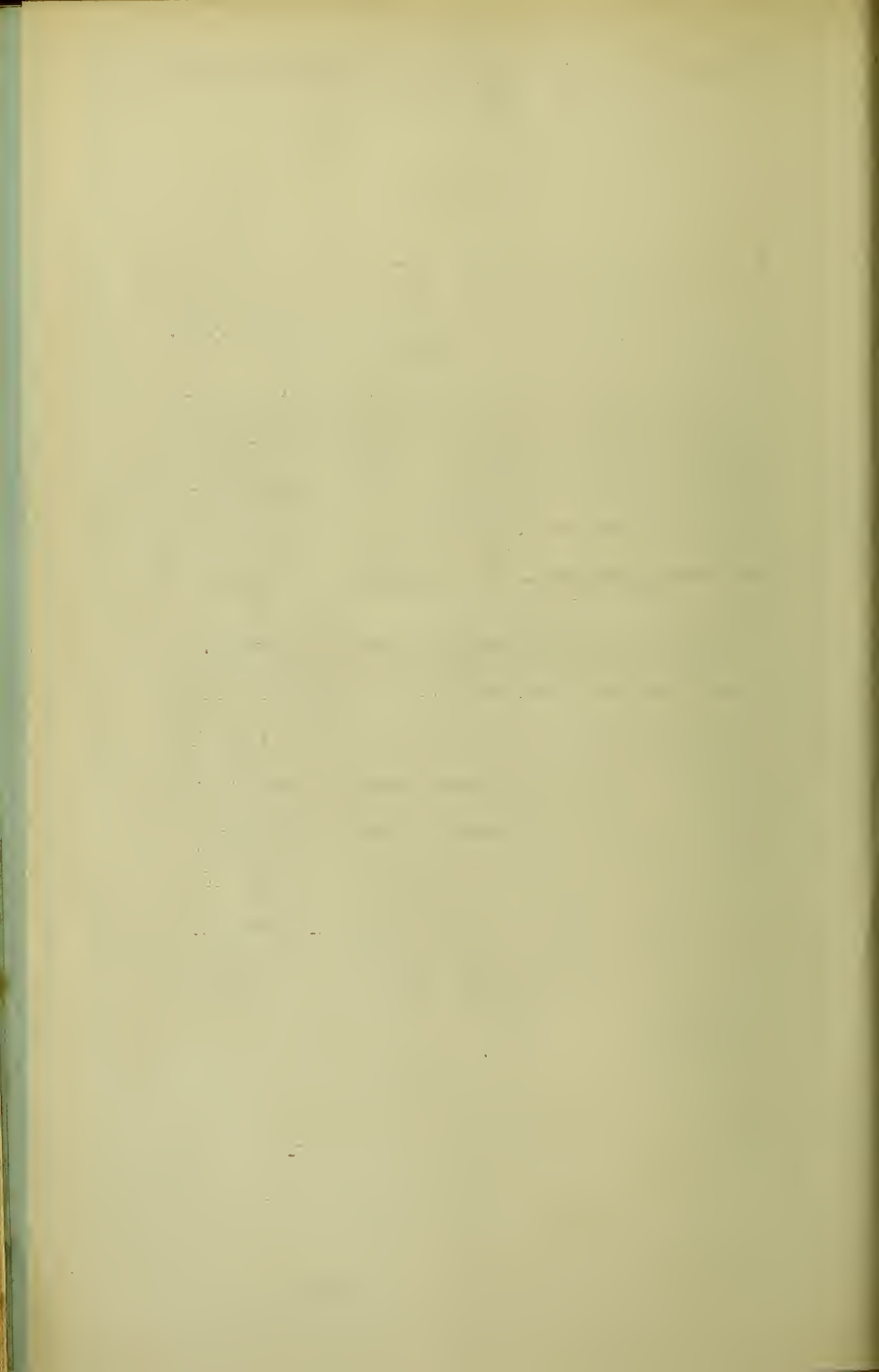
Lord Derby, when presiding at the opening of the New Extension Building to Brompton Hospital for Consumption, alluding in his speech to Memorial Wards and Beds, said—"One cannot dictate the form which affection and regret shall take to display themselves; every one must make their own choice; but for myself, I cannot conceive a more satisfactory method of keeping alive the memory of a lost relative or friend, than by attaching his or her name permanently and inseparably to an institution which is intended to relieve suffering, and which for many generations to come may be a benefit to the living as well as a remembrance of the dead."

FORM OF LEGACY OR BEQUEST.

I give and bequeath to the VICTORIA HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, EDINBURGH, payable to the Treasurers of the Institution for the time being, the sum of
free of legacy duty.

IN expressing their cordial thanks to the many friends who have afforded them help in their efforts to relieve the consumptive poor, the Committee have especially to thank Mr JULIUS H. BEILBY for his generous gift of £500, the annual income of which is to be expended for the ordinary purposes of the Hospital.

They have further gratefully to record that they have received intimation that the following legacies have been bequeathed during the past year, viz.:—(1) One-sixth share of the residue of the estate of the late Mrs HAXTON, Kirkcaldy, which the Committee believe will amount to not less than £1,000; (2) £100 from the estate of the late Miss DUNN, Ratho; and (3) £500 from the estate of the late Mr ALEXANDER BLACKWOOD subject to two liferents.



Regulations for the Admission of Patients will be found on second last page of Cover.

THE
VICTORIA HOSPITAL
FOR
CONSUMPTION
AND
DISEASES OF THE CHEST,
CRAIGLEITH, EDINBURGH.

Patrons and Patronesses.

THE DUKE OF ARGYLL.
THE EARL OF ABERDEEN.
THE LADY MARY HOPE.
THE LADY SUSAN GRANT SUTTIE.
HON. LORD KINNEAR.
HON. LORD KYLLACHY.

Out-Patient Department—26 LAURISTON PLACE.

REPORT FOR YEAR 1895-96.

LADY PRESIDENTS AND PATRONS OF COUNTRY AUXILIARIES.



1. *Ardrossan*—The COUNTESS OF EGLINTON, Eglinton Castle.
- 1A. *Auchtermuchty*—Mrs FAIRLIE, Myres Castle.
2. *Bonkyl and Ednam*—Mrs SANDYS LUMSDAINE, West Blanerne.
3. *Caithness-shire*—The DUCHESS OF PORTLAND, Langwell.
4. *Clackmannanshire*—The COUNTESS OF MAR AND KELLIE, Alloa House.
5. *Coupar-Angus*—Mrs GRAHAM MENZIES, Hallyburton.
6. *Cramond and Davidson's Mains*—Mrs ADAM CROSS, Craigie-hall, Cramond Bridge.
7. *Duns*—The Hon. LADY MILLER, Manderston.
- 7A. *Humbie*—The Hon. Mrs SCOTT, Humbie House.
8. *Jedburgh and District*—ALEX. WADDELL, Esq., Palace (*Patron*).
9. *Kinross-shire*—Mrs COVENTRY, Shanwell, Milnathort.
10. *Kirkliston*—Mrs HOG, Newliston.
- 10A. *Kirknewton*—Mrs HAMILTON, Cairns.
11. *Lasswade and Polton*—Mrs KNOX, Ivanlea.
12. *Lesmahagow*—The Hon. Mrs BINGHAM, Stoneybyres House.
13. *Linlithgow*—Mrs MELVILLE, Lochcote House.
14. *Melrose*—The COUNTESS OF DALKEITH, Eildon Hall.
15. *Muthill*—Miss SPIER, Culdees Castle.
16. *Newport*—Miss LENG, Kinbrae.
- 16A. *Orkney and Shetland*—The COUNTESS OF ZETLAND, Kerse House, Falkirk.
17. *Peeblesshire*—Mrs THORBURN, Glenormiston.
18. *Pencaitland*—The Hon. Mrs HAMILTON OGILVY, Winton Castle.
- 18A. *Pitlochry*—Mrs MACBETH, Bank of Scotland House.
- 18B. *Pittenweem*—Lady AVA-CAMPBELL, Gibleston.
19. *Ratho and Dalmahoy*—Miss BULLOCK, The Parsonage.
20. *Rosslyn*—Lady Drummond, Hawthornden.
21. *St Andrews*—Mrs TURNER, 22 Market Street.
22. *St Boswells, Mertoun, and Bowden*—Miss M. T. BAILLIE, Dryburgh House.
- 22A. *Stow*—Miss MILROY, Torsonce.
23. *Sumburgh (Shetland)*—Mrs BRUCE.
24. *Sutherlandshire*—The DUCHESS OF SUTHERLAND, Dunrobin Castle.

OFFICE-BEARERS.

President.

SIR ALEXANDER CHRISTISON, BART.

Vice-President.

SIR GEORGE WARRENDER, BART.

Trustees.

CHARLES COOK, Esq., Writer to the Signet.

CHARLES J. GUTHRIE, Esq., Advocate.

JAMES MYLNE, Esq., Writer to the Signet.

R. R. SIMPSON, Esq., Writer to the Signet.

General Committee.

ARTHUR ALISON, Esq., Advocate, 3 Moray Place.

*JULIUS H. BEILBY, Esq., 10 Clarendon Crescent.

Dr JOSEPH BELL, F.R.C.S., 2 Melville Crescent.

The Rev. ROBERT BLAIR, D.D., St John's Parish Church.

*Sir ALEXANDER CHRISTISON, Bart., 40 Moray Place.

Dr T. S. CLOUSTON, F.R.C.P., Royal Asylum, Morningside.

*CHARLES COOK, Esq., W.S., 61 Castle Street.

Dr HALLIDAY CROOM, F.R.C.P., 25 Charlotte Square.

The Rev. E. C. DAWSON, St Peter's Church.

*J. R. FINDLAY, Esq., 3 Rothesay Terrace.

*C. J. GUTHRIE, Esq., Advocate, 13 Royal Circus.

The Rev. JAMES HARVEY, Lady Glenorchy's Free Church.

J. D. LAWRIE, Esq., 5 Moray Place.

The Very Rev. JAMES MACGREGOR, D.D., St Cuthbert's Church.

The Very Rev. Dean MONTGOMERY, D.D., Edinburgh.

*JAMES MYLNE, Esq., W.S., 10 Ainslie Place.

The Rev. Professor ORR, D.D., U.P. College.

The Rev. GEORGE PHILIP, D.D., Free St John's Church.

*Dr R. W. PHILIP, F.R.C.P., 4 Melville Crescent.

E. T. SALVESEN, Esq., Advocate, 40 Drumsheugh Gardens.

*R. R. SIMPSON, Esq., W.S., 8 Bruntsfield Crescent.

W. C. SMITH, Esq., Advocate, 57 Northumberland Street.

Professor Sir THOMAS GRAINGER STEWART, M.D., F.R.C.P.

The Rev. ANDREW THOMSON, D.D., Broughton Place Church.

JOHN WARRACK, Esq., 14 Carlton Terrace.

Those marked * form the Acting Committee.

Sir GEORGE WARRENDER, Bart., Bruntsfield House.

JOHN WILSON, Esq., Advocate, 24 Heriot Row.

The Rev. J. H. WILSON, D.D., Barclay Church.

HENRY J. YOUNGER, Esq. of Benmore.

Samaritan Committee.

Mrs BALFOUR, 2 Rothesay Terrace.

Miss A. BURNS, Milrig, Braid Road.

Mrs DUNCAN, 37 Buckingham Terrace.

Miss FORMAN, 12 Merchiston Park.

Mrs AUCKLAND GEDDES, 16 Atholl Crescent.

Mrs G. H. GEDDES, 8 Douglas Crescent.

Miss GORDON, 1 Darnaway Street.

Mrs D. K. GUTHRIE, 49 Cluny Gardens.

Mrs L. A. Guthrie, 9 Lynedoch Place.

Mrs HISLOP, Castle Park, Prestonpans.

Mrs JOLLY, 8 Braidburn Crescent.

Miss LOWSON, 9 Rothesay Place.

Miss L. MACKENZIE, 21 Learmonth Terrace.

Miss MELVILLE, 12 Moray Place.

Miss MONCRIEFF, 30 Northumberland Street.

Miss MYLNE, 12 Charlotte Square.

Mrs R. W. PHILIP, 4 Melville Crescent.

Miss A. J. ROLLAND, 16 Alva Street.

Mrs SETON, 36 Buckingham Terrace.

Mrs WATSON, 115 Warrender Park Road.

Mrs WHITSON, Sen. of Parkhill, 20 Coates Crescent.

Honorary Physicians.

R. W. PHILIP, M.A., M.D., F.R.C.P., 4 Melville Crescent.

RALPH STOCKMAN, M.D., F.R.C.P., 12 Hope Street.

Honorary Surgeon.

DAVID WALLACE, M.B., F.R.C.S., 66 Northumberland Street.

Resident Physician.

W. W. WISHART, M.B., C.M.

Hon-Resident Clinical Assistant.

ARTHUR H. H. SINCLAIR, M.B., C.M.

Lady Superintendent.

Miss GUY.

Honorary Secretaries.

WALLACE & GUTHRIE, W.S., 1 North Charlotte Street.

Treasurer.

GEORGE H. CARPHIN, C.A., 54 Queen Street.

Auditor.

EDWARD BOYD, C.A., 88 George Street.

LADY COLLECTORS.



I. EDINBURGH.

- | | |
|------------------------------------------|--------------------------------------------------|
| Alison, Miss, 3 Moray Place. | Macdonald, Miss C., 82 Thirlestane Rd. |
| Allan, Miss, 25 Lauder Road. | Macfarlane, Miss, 9 Melville Street. |
| Baird, Miss, 93 Warrender Park Road. | M'Crie, Miss, 25 Pitt Street. |
| Bell, Misses, 4 Buckingham Terrace. | M'Gillivray, Miss, 5 Braidburn Cres. |
| Blackstock, Miss A., 44 Fountainhall Rd. | M'Grath, Mrs, 31 Cumberland Street. |
| Bow, Miss, 72 Bruntsfield Place. | Mather, Miss H. M., The Lee, Colinton Road. |
| Boyd, Miss M. E., 27 Melville Street. | Muir, Miss, Morningside Manse. |
| Burnside, Miss M., 3 Marchhall Cres. | Murray, Miss, 22 Walker Street. |
| Burroughs, Miss, 10 Stanhope Place. | Philp, Miss, 52 Blacket Place. |
| Burroughs, Miss A., do. | Rae, Miss, 5 Cluny Avenue. |
| Donald, Miss Mary, 9 Whitehouse Ter. | Rolland, Miss A. J., 16 Alva Street. |
| Fairbairn, Miss M., 88 Dalkeith Road. | Smart, Miss E. S., 1 Greenhill Place. |
| Gangee, Miss, 21 Alva Street. | Smith, Miss, 47 Lauder Road. |
| Guthrie, Miss, 21 Cluny Drive. | Stevenson, Miss J. W., 18 Royal Circus. |
| Guthrie, Miss A., 6 Church Hill. | Sym, Mrs J. D., 73 Great King Street. |
| Harrison, Miss, 4 Leamington Road. | Thorburn, Miss E. M., 12 Hermitage Place, Leith. |
| Henderson, Miss J. M., 2 Magdala Cres. | Watson, Miss J., 4 Dundas Street. |
| Jones, Miss K. W., 29 Mayfield Ter. | |
| Lennox, Miss, 19 West Nicolson Street. | |
| Logan, Miss, 25 Rutland Square. | |

II. COUNTRY.

- | | |
|-------------------------------------------------------|----------------------------------------------|
| Anderson, Miss, F.C. Manse, Polmont. | Kirsopp, Miss, High Street, Linlithgow. |
| Blair, Miss, Ramshorn Cottage, Dollar. | Knox, Miss, Carlawerock, Tranent. |
| Caithness, Miss, Grove Cottage, Monifeith. | Millar, Mrs, Rossie Castle, Montrose. |
| Cameron, Miss J., 11 Bridge Street, Berwick-on-Tweed. | Morgan, Arbroath. |
| Cowper, Miss, Barnton. | Nisbet, Miss, Juniper Green. |
| Cullen, Mrs, Tweedmount, St Boswells. | Oliver, Mrs, Hoselaw, Kelso. |
| Forrest, Miss, Kirkliston. | Sanderson, Misses, Galashiels. |
| Haywood, Miss, Leslie. | Tait, Miss M. P., Gorebridge. |
| Johnston, Mrs, The Manse, Uphall. | Turner, Mrs, 72 Market Street, St Andrews. |
| Johnston, Miss M., Dowally Lodge, Murrayfield. | White, Miss, Tantallon Lodge, North Berwick. |

APPEAL.

A public
duty.

THE call to communities to take in hand the care of their consumptive poor is one of the most clamant of modern times. It is now pretty freely admitted that to an alarming extent consumption is due to the conditions of our civilisation,—is the outcome of an ill-informed civilisation.

A curable
disease.

It is growingly recognised that consumption is amenable to treatment if the patient can be removed from the harmful influences sufficiently early in the progress of the disease. Much of the apathy in respect of the management of consumption which has existed has been the result of ignorance and despair. With the advance of knowledge and success in treatment this is gradually being replaced by the sanguine anticipation that consumption may in time be exterminated, as leprosy has practically been.

What Edin-
burgh is doing.

With a greater sense of responsibility, and increased earnestness, the Committee of the Victoria Hospital for Consumption and Diseases of the Chest renew their appeal to their fellow-citizens and countrymen for funds to enable them to enlarge the scope of the work which has been initiated in Scotland. They are glad to be able to report (*vide* Annual Report of Committee) that each department of the Hospital has done efficient service, but they are constrained to admit that only the fringe of the matter has been touched.

Far too little
accommoda-
tion.

In sad contrast with the amount of work overtaken is the mass of suffering which cannot be relieved, from lack of resources and accommodation. The Committee have before them the distressing picture of hundreds of

patients who might be cured or immediately bettered, but to whom admission has to be refused.

The Committee feel that nothing short of a well-endowed Hospital, with accommodation for some sixty to one hundred patients, will suffice to meet adequately the clamant need. They believe, if the citizens of Edinburgh and of Scotland generally would only look into the matter seriously, the establishment of a sufficient Hospital would be assured. Sixty beds at least.

The Committee feel called on to press this appeal, for the following reasons :—

1. The frequency of, and the mortality from, consumption are so great. The Registrar-General's returns show that of the total deaths from all causes in the eight principal towns of Scotland, approximately, one-third are due to consumption and diseases of the chest. And this terrible record of death represents quite insufficiently the vast amount of suffering which consumption entails. Consumption kills.

2. The mortality from consumption can be reduced, in proportion as cases are taken early. The results obtained in the Victoria Hospital afford striking confirmation of this fact. In a large number of cases the disease has been checked, and invalided men and women have been able to resume work. A considerable proportion of apparently permanent cures has been recorded. Consumption cured.

3. The sufferings of patients even in the advanced stages can be much ameliorated, and apparently hopeless cases from time to time recover. This has been brought home to the Committee at every turn in connection with the Out-Patient Department and the work of the Samaritan Committee. While there will always be abundant scope for the efforts of these agencies at the homes of the patients, the Physicians are daily brought face to face with dying consumptives, who, both in their own interests and in the interest of those around them, ought not to be allowed to die a lingering death of this kind in their miserably contracted dwellings. Unnecessary suffering.

Present day
opinion.

4. The undesirability of undertaking the treatment of consumption in general Hospitals is now commonly recognised. Apart from this, the impossibility of receiving any but a very small percentage of consumptive patients into our Infirmaries is self-evident. In England the matter was long ago viewed in this light, and London now possesses five Consumption Hospitals with about 650 beds, and Liverpool and Manchester have each a Hospital with 50 beds. In America several such Hospitals have recently been founded. In Germany, France, and Austria a movement is in active progress for the establishment of special Hospitals for consumptive patients. At the Tenth International Medical Congress, at which representatives from all parts of the world were present, the unanimous expression of opinion was in favour of the treatment of consumption in such Hospitals.

Outlook.

From prolonged experience the Committee are assured that by the establishment of the Victoria Hospital for Consumption, with its Out-Patient Department, through which consumptive poor are visited by qualified practitioners at their own homes, and the Samaritan Committee, the members of which undertake personally the relief of the more necessitous cases, they have laid the foundation of what is required for the work in Edinburgh and throughout Scotland. But the means at their disposal are wholly inadequate for the work which has to be overtaken. Each department of the Hospital must be extended as rapidly as funds can be provided. More particularly the Committee would fain see the crying evil removed of consumptive patients, otherwise suitable, having to knock for weeks or months at the Hospital door before obtaining admission.

Extension.

In name of the Committee,

ALEX. CHRISTISON,
President.

REPORT BY ACTING COMMITTEE

OF THE

Victoria Hospital for Consumption and Diseases of the Chest, Edinburgh.

THE Committee have pleasure in submitting their Report for 1895. The record of the work overtaken is both gratifying and encouraging. Each department of the Hospital has accomplished much, and there has been a steady progress in the development of the scheme for the relief of consumption.

THE HOSPITAL.

The continued experience of another year has justified the Committee's opinion as to the suitability of the site of the Victoria Hospital for the purposes of a Consumptive Hospital. Its elevation above the road renders the house peculiarly dry, its position facing southwards affords the maximum of sunshine, and the fine old trees which bound the property in almost every direction give shelter from winds, without excluding sunshine and fresh air. Since the date of occupation—some nineteen months ago—many of the patients have been out for a portion of each day. On most days the majority have been out for several hours.

The heating and ventilation have been conducted—primarily on economic grounds—on the natural system of open fireplaces and open windows. This has been found easy of management and highly efficient. As a rule, the windows are open freely all day long, and, to a less extent, by night also. The temperature, regulated in every ward by thermometric reading, has been easily maintained almost constantly at 60° F., while the air of the Wards has been conspicuously sweet. Indeed the freshness of the Wards has been a frequent topic of remark by visitors. The patients have thus daily an object-lesson in the significance of fresh air in the prevention and treatment of consumption, which many of them have not been slow to learn.

The demand for admission has been greatly in excess

of the accommodation, and is sometimes overwhelming. Patients who ought to be admitted at once have at times to wait months, with the result that their disease is much harder to combat.

Since the date of opening up to 31st March 1896, 131 *individual* cases have been received. The results have been eminently satisfactory. A considerable proportion of patients have been apparently restored to perfect health—that is, have been able to resume work, and have continued well up to the present. Many more have been brought well on the way to recovered health. These are placed on the Out-Patient List once more, with the expectation that in time they will be restored completely. Further details regarding the patients will be found on pages 13 and 14.

OUT-PATIENT DEPARTMENT.

The numbers have continued very large. The worst cases are now visited frequently at their own homes. This has lightened the day-to-day attendances at the Out-Patient Department. The number of new patients has increased much, so that the actual extent of work overtaken is larger. The demands on the time of the Physicians and Assistant Medical Officers have been very great. The total number of *individual* patients since the date of opening has been 5,470, and the number of attendances little short of 50,000. Further details regarding the patients will be found on pages 14 to 17.

HOME VISITING.

From the first it has been the aim of the movement to provide for the attendance at their homes of poor consumptive patients who are too ill to go out, and for whom provision cannot be made in the Hospital. This section of the work has increased at a rapid rate. The Committee feel that its value is exceedingly great. They have reason to be satisfied with the results of the appointment of an Out-Patient Medical Officer to conduct this department. During the past year 1,653 such attendances have been reported.

SAMARITAN COMMITTEE.

The work of the Hospital has benefited at every turn by the self-denying labours of the members of the Sama-

ritan Committee, who have taken in hand the visitation of the Hospital and of a large number of patients at their own homes, dispensing, in co-operation with the Medical Officers, blankets, warm clothing, and other invalid comforts, where these are found to be needed. Interesting details of their work will be found on page 21.

DISPENSING DEPARTMENT.

The charges against this Department are necessarily heavy. The nature of the medicines and food stuffs required by consumptive patients means expense, and the medicines are needed for a long time. The Committee have given much thought to the economical working of this branch, and have obtained, proportionately to the increasing calls, still further reduction in the outlay.

PREVENTIVE MEASURES.

One of the most gratifying pieces of work achieved by the Institution is the dissemination of fuller knowledge regarding the causes of the disease and the means for its avoidance. More particularly, the Medical Officers and Samaritan Committee have been able to report an awakening sense of the value of those preventive measures which have been persistently overlooked by the great mass of our people. By the training in the Hospital, by the visits of the Medical Officers and the members of the Samaritan Committee, and by the continuous circulation of Rules, which the Hospital inaugurated some six years ago, a vast deal has been effected in this direction.

REVENUE.

The ordinary income has fallen short of the expenditure by £740. 8s. 9d. In meeting this, the balance carried forward last year on ordinary revenue account has been exhausted, and the accumulated funds encroached on to the extent of £538. os. 2d. The Committee feel that this is eminently unsatisfactory.

To meet current expenditure, the number and amount of the subscriptions must be increased. The Committee commend the various departments of the work as at present

arranged to the generous support of the public, assured that the claims of these need only be examined to ensure a liberal response.

EXTENSION.

Beyond this, there is urgent need of extension of the movement in every direction. More particularly the Committee are convinced that not fifteen beds but sixty beds at least ought to be maintained. It is not right that cases otherwise suitable should be permitted to slip further down the hill during weeks or months they may have to wait for admission. The Committee venture to hope that the extension of the Hospital will be speedily undertaken by some of our wealthy citizens, and the Institution placed, in this respect, on the satisfactory basis which the necessity demands.

It is gratifying to report that valuable aid has been obtained throughout Scotland by the establishment of Local Auxiliaries for the collection of subscriptions (see page 2). A fuller list of these will be available for the 1896-97 Report. The excellent results already obtained, however, in some of the districts, bear testimony to the great value such Auxiliaries will be to the Hospital. The Committee beg to express their deep gratitude to the ladies and gentlemen forming the Auxiliaries for their generous labours in helping so materially to extend the usefulness of this National Institution.

The Committee desire to thank the many friends of the consumptive poor who have already taken part in the work by subscription or donation. They have also pleasure in recording their gratitude to the members of the medical staff and the other office-bearers, the lady superintendent and nurses, the ladies who have volunteered their services in connection with the Samaritan work, and the lady collectors, all of whom have devoted much care and energy in carrying on the work. They would also thank the clergymen whose kind services have been given at the Hospital.

In name of the Acting Committee,

ALEX. CHRISTISON,
President.

EDINBURGH, *2nd April 1896.*

MEDICAL STATISTICS.

HOSPITAL—INDOOR PATIENTS.

From the date of opening in autumn 1894 till 31st March 1896, 131 patients have been under treatment in the Hospital. These have all been cases of consumption.

TABLE I.—SHOWING OCCUPATIONS OF PATIENTS.

Black Borderers	1	Masons	5
Bookfolders	3	Medical Practitioners	1
Canvas Embossers	1	Message Boys	2
Chemists	1	Millworkers	3
Claypipe Makers	1	Nondescript	9
Clerks	8	Nursemaids	3
Coopers	1	Painters	2
Dairymaids	2	Plumbers	6
Domestic Servants	16	Policemen	1
Dressmakers	6	Postmen	1
Electrotype Finishers	2	Printers and Compositors	4
Envelope Folders	1	Road Superintendents	1
Glassworkers	1	Railway Workers	1
Governesses	1	School Children	4
Grocers	2	Shopgirls	1
Grooms	2	Tailors	2
Housewives	14	Teachers	2
Joiners	4	Upholsterers	2
Labourers	3	Valets	1
Lady's Companion	1	Waiters	3
Laundresses	1	Woolsorters	1
Librarians	1		
Machinists	2		
Maltmen	1		
			131

TABLE II.—SHOWING AGES OF PATIENTS.

From 11-20	41
„ 21-30	57
„ 31-40	21
„ 41-50	12

131

TABLE III.—SHOWING SEX OF PATIENTS.

Males	59
Females	72

131

TABLE IV.—SHOWING RESIDENCE OF PATIENTS.

Edinburgh	91
Vicinity of Edinburgh	24
Country—	
Fifeshire	4
Forfarshire	1
Kinross-shire	1
Midlothian	5
Perthshire	2
Shetland	1
Stirling	2
	— 16
	— 131

OUT-PATIENT DEPARTMENT.

Up to 31st March 1896, 5,470 *individual* cases received treatment at the Out-Patient Department.

TABLE I.—SHOWING ATTENDANCES DURING 1895.

	At Institu- tion.	At their Own Homes.	TOTAL.
January	446	162	608
February	500	142	642
March	522	150	672
April	436	121	557
May	396	90	486
June	375	66	441
July	332	101	433
August	379	166	545
September	309	114	423
October	313	126	439
November	229	245	474
December	289	170	459
	4,526	1,653	6,179*

* *N.B.*—A large number of former Indoor patients have, in addition, been treated as Out-patients at the Hospital during the past year.

TABLE II.—SHOWING DISEASES FROM WHICH PATIENTS SUFFERED.

Pulmonary Tuberculosis ... 3,309	Pleura, Affections of ... 103
Bronchitis 804	Larynx, Affections of ... 81
Emphysema, with Bronchitis,	Affections of related Organs,
Asthma, &c. 224	Throat, Stomach, Bowels,
Œdema of Lungs, with or	Heart, Kidneys, &c. (a
without Bronchitis and	large proportion being
Weak Heart 163	tubercular) 764
Capillary Bronchitis ... 12	
Croupous Pneumonia ... 5	
Injury to Chest, and Hernia	
of Lungs 5	
	5,470

TABLE III.—SHOWING OCCUPATIONS OF PATIENTS.

Artists	9	Labourers	410
Athletes	1	Laundresses	31
Bakers	65	Leather Workers	7
Blacksmiths	48	Librarians	2
Bookbinders and Folders ...	95	Lorrymen and Carters ...	48
Brassfinishers	38	Maltmen	14
Butchers	23	Masons	254
Cabmen and Grooms ...	63	Millworkers	84
Carpenters, Joiners, and		Musicians	6
Woodworkers	229	Nondescript	205
Charwomen	51	Painters	69
Chemists	10	Paper Cutters	6
Children (below fifteen) ...	621	Plasterers	22
Chimney Sweeps	1	Plumbers	36
Clerks and Warehousemen	172	Policemen and Watchmen	13
Coal Miners and Workers...	28	Porters	76
Comb and Brush Makers ...	7	Postmen, Lamplighters, &c.	7
Corkcutters	12	Printers, Compositors, &c.	155
Dairymen	6	Riggers	2
Domestic Servants	180	Rubber Workers	90
Engineers and Enginemen	84	Salesmen	113
Firemen	16	Saleswomen	92
Fishermen and Sailors ...	82	Seamstresses and Dressmakers	141
Fishwomen	34	Shoemakers	54
Fitters and Riveters ...	23	Sick Nurses	35
Gardeners and Farmers ...	29	Slaters	10
Gatekeepers and Messengers	31	Soldiers	9
Glasscutters and Grinders ...	15	Spinners	5
Glaziers and Gilders ...	14	Students	8
Grocers	19	Tailors and Hatters ...	132
Guards	21	Tanners and Curriers ...	16
Gunmakers	8	Teachers	37
Hairdressers	17	Tinworkers	18
Hawkers	51	Waiters	40
Housewives	960	Weavers	10
Insurance Agents and Com-		Wireworkers	3
mmercial Travellers ...	71		
Ironmoulders and Typefounders	41		
Jewellers and Watchmakers	25		

5,470

TABLE IV.—SHOWING AGES OF PATIENTS.

From 1-10	413
„ 11-20	949
„ 21-30	1,488
„ 31-40	1,178
„ 41-50	760
„ 51-60	447
Above 60	235

5,470

TABLE V.—SHOWING SEX OF PATIENTS.

Male	...	...	...	...	...	...	3,941
Female	...	...	...	...	...	...	2,429
							<hr/> 5,470

TABLE VI.—SHOWING RESIDENCE OF PATIENTS.

Edinburgh	...	...	...	...	...	4,472
Leith, Newhaven, and Trinity	...	...	...	...	...	563
Country	...	...	...	...	...	435
						<hr/> 5,470

TABLE VII.—SHOWING DISTRICTS FROM WHICH PATIENTS HAVE BEEN RECEIVED, OTHER THAN EDINBURGH, LEITH, AND IMMEDIATE VICINITY.

Aberdour	...	...	...	4	Dundonald	...	...	...	1
Addiewell	...	...	...	1	Dunfermline	...	...	...	12
Alexandria	...	...	...	1	Duns	...	...	...	1
Alnwick	...	...	...	1	Dysart	...	...	...	1
Alva	...	...	...	6	East Calder	...	...	...	2
Argyleshire	...	...	...	1	Earlston	...	...	...	2
Auchindinny	...	...	...	1	Elgin	...	...	...	1
Ayr	...	...	...	1	England	...	...	...	11
Bathgate	...	...	...	2	Falkirk	...	...	...	6
Berwick-on-Tweed	...	...	...	1	Fife	...	...	...	3
Blackhall	...	...	...	2	Forres	...	...	...	1
Bo'ness	...	...	...	3	Galashiels	...	...	...	2
Bonnyrigg	...	...	...	9	Glasgow	...	...	...	25
Blairstown	...	...	...	1	Gordon	...	...	...	1
Broxburn	...	...	...	13	Gorebridge	...	...	...	2
Burntisland	...	...	...	1	Govan	...	...	...	1
Caithness	...	...	...	1	Grangemouth	...	...	...	6
Carlisle	...	...	...	1	Granton	...	...	...	3
Cleland	...	...	...	1	Haddington	...	...	...	3
Cockenzie	...	...	...	69	Hamilton	...	...	...	2
Colinton	...	...	...	1	Hawick	...	...	...	1
Corstorphine	...	...	...	2	Helmsdale	...	...	...	1
Cowdenbeath	...	...	...	1	Innerleithen	...	...	...	1
Dalkeith	...	...	...	8	Inverkeithing	...	...	...	1
Dalmeny	...	...	...	1	Inverness	...	...	...	3
Davidson's Main	...	...	...	5	Ireland	...	...	...	1
Duddingston	...	...	...	1	Jedburgh	...	...	...	1
Dumfries	...	...	...	3	Juniper Green	...	...	...	2
Dunbar	...	...	...	7	Kelso	...	...	...	1
Dunbarton	...	...	...	1	Kingsknowe	...	...	...	1
Dunblane	...	...	...	1	Kirkcaldy	...	...	...	16
Dundee	...	...	...	5	Kirknewton	...	...	...	1

TABLE VII.—*continued.*

Lauder	...	...	...	1	Prestonpans	...	...	18
Leslie	...	...	...	1	Queensferry, N. and S.	...	...	9
Liberton	...	...	...	5	Rosewell	...	...	2
Linlithgow	...	...	...	2	Roslin	...	...	1
Livingston	...	...	...	1	Ross-shire	...	...	1
Loanhead	...	...	...	4	Rothesay	...	...	1
Lochgelly	...	...	...	1	St Boswells	...	...	1
Lockerbie	...	...	...	2	Selkirk	...	...	1
Longniddry	...	...	...	1	Shotts	...	...	2
Midcalder	...	...	...	5	Slateford	...	...	4
Milton Bridge	...	...	...	1	Stirling	...	...	2
Moffat	...	...	...	1	Tain	...	...	1
Musselburgh and Fisherrow	...	...	...	24	Tranent	...	...	8
North Berwick	...	...	...	1	Uphall	...	...	2
Orkney and Shetland	...	...	...	16	Wales	...	...	1
Peebles	...	...	...	9	Walkerburn	...	...	1
Penicuik	...	...	...	6	Australia	...	...	1
Perth	...	...	...	1				
Portobello and Joppa	...	...	...	25				

ILLUSTRATIVE CASES.



HOSPITAL.

THE following notes of the history of a few of the cases, which have been admitted to the Hospital, illustrate the kind of work overtaken :—

Case of J. K.—Aged thirty-six, working tailor, married, with young family. Health became so bad he had to give up his work. Attended the Dispensary and was recommended for Hospital treatment in August 1894. He made most satisfactory progress and went out after ten weeks, having gained nineteen and a half pounds. Has been at work ever since.

Case of T. G.—Aged twenty-five. A nursemaid, owing to her very delicate health had been out of a situation for some months, and was entirely dependent on her sister (herself in domestic service) and a brother, her only relatives. She did well in Hospital, and after leaving was sent by ladies who had become interested in her to Convalescent Home.

Case of N. T.—Aged seventeen. Lived with her family, consisting of delicate father, mother (dying of phthisis), and four or five brothers and sisters in two rooms in a flat in an unhealthy locality. The girl made excellent progress, gaining some eight pounds in weight and correspondingly in strength,

and returned home to take charge of the young family, the mother having died in the meanwhile.

Case of C. P.—Aged forty-five. Mason, married, with family, had been obliged to give up his work owing to ill-health. Made most satisfactory progress in Hospital, gaining strength and weight (some eight pounds), is now back at his work and keeping quite well.

OUT-PATIENT DEPARTMENT.

THE following cases, taken at random from the note-book of the Assistant Medical Officer, serve to illustrate the nature of this department of the work:—

Case of A. B.—Girl, seventeen years of age, with tubercular disease of both lungs rapidly advancing. I found this patient lying in the corner of a large room, two storeys below the street level, dark, damp, ill-ventilated, the only window looking out on a small patch of dirty grass at the same level as the floor of the dwelling-house. At the opposite corner of the room was another bed in which her father, uncle, and little brother slept, her mother and some other members of the family having already died of phthisis. She lay on a dirty bed,—expectorating into scraps of linen which were thrown carelessly about the room,—not properly fed, clothed, or nursed. With such surroundings the poor child had to lie for weeks, racked by pain and constant coughing, gasping for breath, in a high fever, suffering greatly from thirst, till death relieved her from her suffering. Her friends, though doing everything in their power, had neither the means nor the knowledge required to nurse her properly.

Case of W. L.—Twenty-two years of age, married, with advanced tubercular disease of both lungs and alimentary

tract. Suffering from pain in chest, distressing cough, high fever, profuse sweating, and diarrhœa. This patient—as is so common in these cases—has struggled on for months at his work, unable to keep up his benefit society payments, always hoping to be “soon better,” and able to pay up arrears. When at length his illness compelled him to stop work, he finds himself without resources of any kind, and dependent on charity or the “parish.” He has three shillings and sixpence a week from a charitable society, with which he has to provide food and shelter for himself, wife, and child. They live in a small room, three flats up, bright and fairly clean, but all fresh air excluded for fear of “colds.” Needless to say, this patient is unable to get proper food or medicines, and his young and ignorant wife, with a house and child to attend to, can do but little as a nurse, and both run serious risk to their own health.

Case of T. E.—Thirty-five years of age, with wife and three children. This patient has been off work for a considerable time with tubercular lung disease. He suffers greatly from cough, pain in chest, and breathlessness. He suffers much also from cold. His bed is very dirty and the bedclothes scanty. He is left day after day quite by himself. From early morning till far on in the day his children are at school, and his wife—who is now the breadwinner—is out working, her precarious wage and a small pittance from the parish being their only means of livelihood. How terribly the sufferings of such a patient are increased by the conditions of his life—his inability to help when help is so much needed, his loneliness, his unsuitable surroundings, his want of food, clothing, nursing, medicine!

These cases, like all the others, were regularly visited from time to time, and everything that was possible in the circumstances done to promote recovery or alleviate suffering.

SAMARITAN WORK.

This graphic narrative, reported by one of the lady visitors, tells its own terribly sad tale :—

Case of A. G.—Married man, with young wife and two children. Unable to work for nine months; in the last stage of consumption. Wife working one day in the week; her confinement near, and unable to do much. In this state the household had just flitted to another house. A. G. quite exhausted with removal and unable to rise, suffering terribly from coughing, exhaustion, and expectoration. Wife obliged to put him on “shake-down” three days after removal, and infant born that evening in bed where husband had been. Thirty-six hours after, wife had to rise to let A. G. be put into the bed again, where he died twelve hours later in great suffering. Wife, new-born infant, and the two others, had to sleep on “shake-down” for three days, until the “parish” came to bury the husband and father! Is it to be wondered that consumption spreads? Are we doing our duty?

ABSTRACT OF THE TREASURER'S ACCOUNTS, from 31st March 1895 to 31st March 1896.

I.—GENERAL REVENUE AND EXPENDITURE ACCOUNT.

CHARGE.		DISCHARGE.	
I. Balance at credit of Account at 31st March 1895,	£202 8 7	I. Payments chargeable against the Revenue—	
per last Abstract		1. Payments in connection with the Hospital—	
II. Revenue received—		(1) Rent, Taxes, and Insurance -	£128 2 1
I. Subscriptions and Donations—		(2) Provisions -	435 0 9
(1) Edinburgh, as on page 37 -	£641 15 0	(3) Salaries and Allowances to Resident Staff -	132 16 10
(2) Leith, Trinity, and Wardie, as		(4) Servants' Wages -	70 16 7
on page 38 -	31 5 6	(5) Coals and Gas -	101 16 0
(3) Sums under 2/6 -	47 3 1	(6) Furnishings and Repairs -	56 8 7
		(7) Medicines and Medical Appliances -	163 7 10
(4) Country Districts, as on p. 42	£720 3 7	(8) Lodge-keeper's Wages -	52 0 0
	196 19 4	(9) Expenses in connection with Garden and	
		Grounds -	20 10 1
2. Interest -	£917 2 11	(10) Telephone Rent, £12. 10s.; Matron's Sundries,	
	37 0 7	£20. 11s.; Stationery, £4. 6s. 11d.; and	
III. Balance at debit of Account at 31st March 1896 -	954 3 6	Miscellaneous, £11. 1s. 8d. -	48 9 7
	538 0 2		£1,209 8 7
		2. Payments in connection with the Dispensary—	
		(1) Rent, Taxes, and Insurance -	£46 5 11
		(2) Salaries to Medical Assistant	
		and Dispenser -	62 10 0
		(3) Coals and Gas -	12 7 5
		(4) Furnishings and Repairs -	13 6 4
		(5) Caretaker's Wages -	40 0 0
		(6) Medicines -	145 2 6
		(7) Telephone Rent, £10; Care-	
		taker's Sundries, £8; and	
		Miscellaneous, £5. 19s. 6d. -	23 19 6
			343 11 8
		3. Printing -	37 8 6
		4. Expenses of Collections -	59 1 11
		5. Expenses of Management -	25 4 0
		6. Stationery, Postages, and Miscellaneous Expenses -	19 17 7
			£1,694 12 3

II.—HOSPITAL FUND.

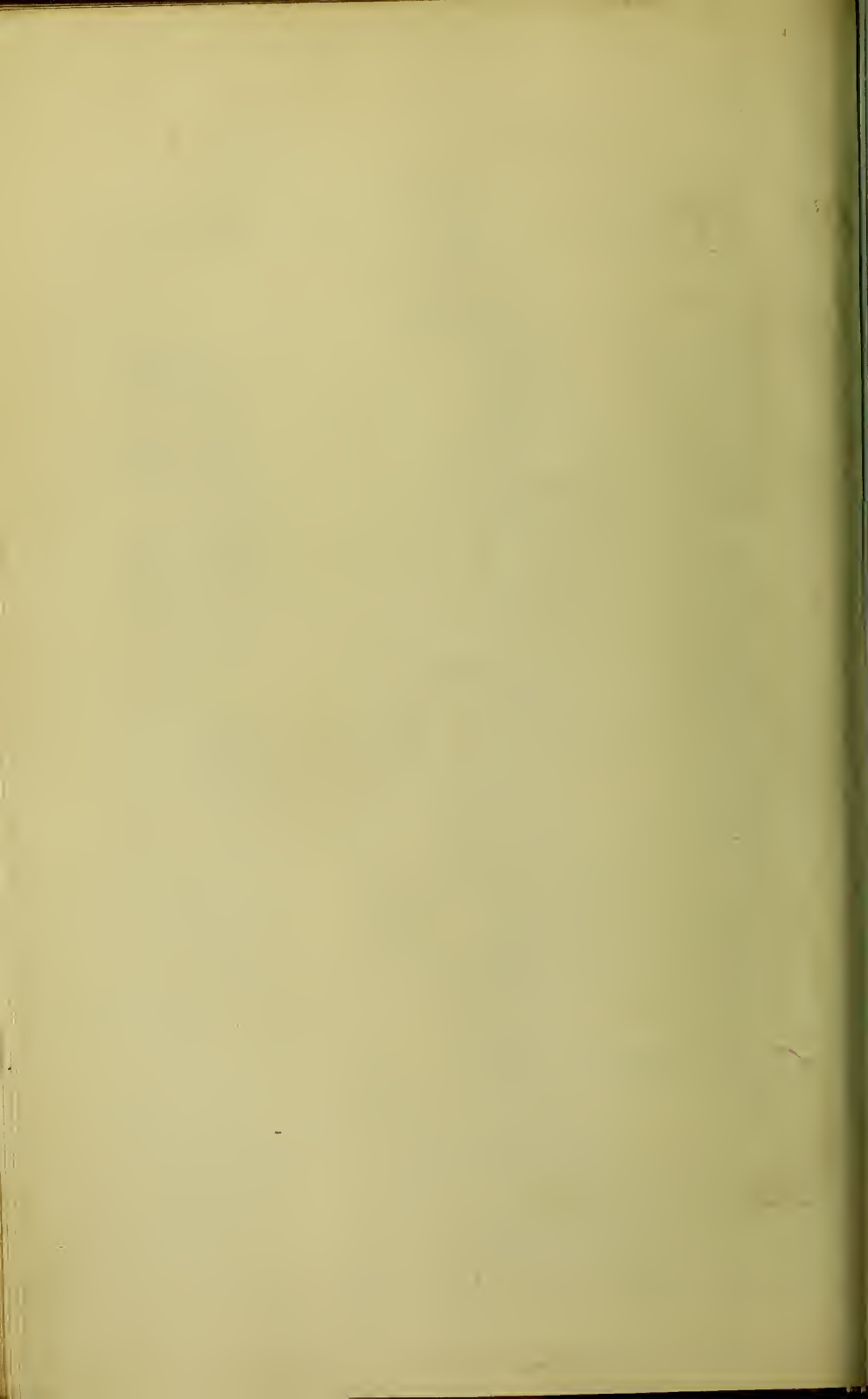
CHARGE.		DISCHARGE.	
I. Balance at credit of Fund at 31st March 1895, per last Abstract	£2,311 12 9	I. Renewals and Repairs	£46 12 8
II. Special Donations in response to Appeal sent out in December 1895, as on page 44	131 11 0	II. Expense of Christmas Appeal	20 8 7
		III. Expenses of Purchase of Edinburgh Corporation Stock	5 5 0
			<u>£72 6 3</u>
		IV. Balance at credit of Fund at 31st March 1896	2,370 17 6
			<u>£2,443 3 9</u>

III.—ENDOWMENTS FUND.

CHARGE.		DISCHARGE.	
I. "Howard Graham Usher Bed"	£1,000 0 0	I. Balance at credit of Fund at 31st March 1896	£1,500 0 0
II. Received from Julius H. Bellby, Esq.—the Income available for Ordinary Expenditure	500 0 0		
	<u>£1,500 0 0</u>		<u>£1,500 0 0</u>

EDINBURGH, 8th June 1896.—I have examined the Account of the Intrusions of the Treasurer of the VICTORIA HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST for the year from 31st March 1895 to 31st March 1896, of which the above is an Abstract, and have found it correct.

EDWARD BOYD, C.A., Auditor.



Regulations for the Admission of Patients.

1. The Victoria Hospital is founded for the treatment of patients suffering from Consumption and allied Diseases of the Chest, who are in necessitous circumstances.

2. No patient whose household is in receipt of Parish Assistance shall be considered eligible for admission.

3. Patients will be admitted to indoor treatment only if the Physician is satisfied that the case may reasonably be expected to benefit thereby.

4. Subject to the above restrictions, patients will be received in order of application, according as vacancies may occur.

5. All applications for admission must be made directly to the Physician, Out-Patient Department, 26 Lauriston Place.

6. The length of residence in hospital will depend on the nature of the case. With regard to this the Physician shall be the sole judge; but no patient shall remain longer than sixty days, unless the conditions have been shown to be special, to the satisfaction of the Acting Committee.

7. No case shall be admitted twice in one year, except under similarly exceptional circumstances.

8. In entering the Hospital, patients agree to conform rigidly to the Rules of the Institution. No patient shall be readmitted if he has once been discharged for breach of Rules.

OUT-PATIENT DEPARTMENT,

26 LAURISTON PLACE.

The Out-Patient Department is open for consultation to all necessitous patients suffering from Consumption or Diseases of the Chest.

Medicines are dispensed *gratis* only to such patients as the Physician ascertains to be in need of such further assistance. A formal charge of One Penny will be made for each prescription so dispensed.

Patients shall not receive advice or medicines unless they attend punctually at the appointed hours, which are indicated on the Prescription Form.

The above Regulations are subject to alteration by the Acting Committee.

The OUT-PATIENT DEPARTMENT, 26 LAURISTON PLACE, is open for the reception of patients on MONDAYS, WEDNESDAYS, and FRIDAYS, at 3.30 p.m., and for the Dispensing of Medicines Daily (except Sunday), from 10 to 11 a.m., and 6 to 7 p.m.

THE VICTORIA HOSPITAL
FOR
CONSUMPTION
AND
DISEASES OF THE CHEST,



CRAIGLEITH, EDINBURGH.

Out-Patient Department : 26 LAURISTON PLACE.

REPORT for Year 1896=97.

In Memoriam Wards and Beds.

THE Trustees will be pleased to gratify the wish of any Donors who may desire to endow and name a Ward or single bed in the Victoria Hospital. They purpose, therefore, to affix to beds in perpetuity the name of any benefactor of the Hospital to the extent of £1,000 by donation or legacy, who so desires it, and to Wards in recognition of larger donations.

Lord Derby, when presiding at the opening of the New Extension Building to Brompton Hospital for Consumption, alluding in his speech to Memorial Wards and Beds, said—"One cannot dictate the form which affection and regret shall take to display themselves; every one must make their own choice; but for myself, I cannot conceive a more satisfactory method of keeping alive the memory of a lost relative or friend, than by attaching his or her name permanently and inseparably to an institution which is intended to relieve suffering, and which for many generations to come may be a benefit to the living as well as a remembrance of the dead."

FORM OF LEGACY OR BEQUEST.

I give and bequeath to the VICTORIA HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, EDINBURGH, payable to the Treasurers of the Institution for the time being, the sum of
free of legacy duty.

"Regulations for Admission of Patients" will be found on p. 3 of Cover.

THIRTEENTH ANNUAL REPORT
(1902-1903)

OF THE

VICTORIA HOSPITAL

FOR

CONSUMPTION

CRAIGLEITH, EDINBURGH

Patrons and Patronesses.

THE EARL OF ABERDEEN.

THE LADY SUSAN GRANT SUTTIE.

THE LADY MARY HOPE.

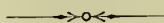
RIGHT HON. LORD KINNEAR.

HON. LORD KYLLACHY.

Out-Patient Department—

26 LAURISTON PLACE, EDINBURGH

OFFICE-BEARERS.



President.

SIR ALEXANDER CHRISTISON, BART.

Vice-President.

SIR ALEXANDER KINLOCH, BART.

Trustees.

CHARLES COOK, Esq., Writer to the Signet.

CHARLES J. GUTHRIE, Esq., K.C.

JAMES MYLNE, Esq., Writer to the Signet.

R. R. SIMPSON, Esq., Writer to the Signet.

General Committee.

- ARTHUR ALISON, Esq., Advocate, 3 Moray Place, Edinburgh.
- * Brigade-Surgeon Lieut.-Colonel JAMES ARNOTT, M.D., 8 Rothesay Place.
- Dr. JOSEPH BELL, F.R.C.S., 2 Melville Crescent, Edinburgh.
- Rev. ROBERT BLAIR, D.D., St. John's Parish Church, Edinburgh.
- * Sir ALEXANDER CHRISTISON, Bart., 40 Moray Place, Edinburgh.
- Dr. T. S. CLOUSTON, F.R.C.P., Royal Asylum, Morningside, Edinburgh.
- * CHARLES COOK, Esq., W.S., 61 Castle Street, Edinburgh.
- Sir HALLIDAY CROOM, Pres.R.C.S., 25 Charlotte Square, Edinburgh.
- Rev. E. C. DAWSON, St. Peter's Church, Edinburgh.
- * C. J. GUTHRIE, Esq., K.C., 13 Royal Circus, Edinburgh.
- Rev. JAMES HARVEY, Lady Glenorchy's U.F. Church, Edinburgh.
- * GEORGE A. CLARK HUTCHISON, Esq., Advocate, 24 Drumsheugh Gardens, Edinburgh.
- * Sir ALEXANDER KINLOCH, Bart., 5 Forbes Street, Edinburgh.
- Rev. JAMES MACGREGOR, D.D., St. Cuthbert's Church, Edinburgh.
- * Sir ARTHUR MITCHELL, K.C.B., 34 Drummond Place, Edinburgh.
- * JAMES MYLNE, Esq., W.S., 10 Ainslie Place, Edinburgh.
- Rev. GEORGE PHILIP, D.D., St. John's U.F. Church, Edinburgh.
- * Dr. R. W. PHILIP, F.R.C.P., 45 Charlotte Square, Edinburgh.
- E. T. SALVESEN, Esq., K.C., 40 Drumsheugh Gdns., Edinburgh.
- * R. R. SIMPSON, Esq., W.S., 23 Douglas Crescent, Edinburgh.
- W. C. SMITH, Esq., K.C., 57 Northumberland St., Edinburgh.
- Prof. HUNTER STEWART, D.Sc., 9 Learmonth Gdns., Edinburgh.
- JOHN WARRACK, Esq., 14 Carlton Terrace, Edinburgh.
- JOHN WILSON, Esq., K.C., 9 Drumsheugh Gdns., Edinburgh.
- Rev. J. H. WILSON, D.D., Barclay Church, Edinburgh.
- HENRY J. YOUNGER, Esq., of Benmore, Edinburgh.

Those marked * form the Committee of Management.

Samaritan Committee.

Miss ALISON, 3 Moray Place.
 Mrs. BALFOUR, Dawyck, Stobo.
 Miss BEILBY, 10 Clarendon Crescent.
 Mrs. CRAIGIE BELL, 2 Buckingham Terrace.
 Miss A. BURNS, Milrig, Braid Road.
 Mrs. CHISHOLM, 10 Palmerston Road.
 Mrs. GEORGE CRABBIE, Rothesay Terrace.
 Mrs. DUNCAN, 37 Buckingham Terrace.
 Mrs. AUCKLAND GEDDES, 14 Ettrick Road.
 Mrs. LOVELL GULLAND, 6 Alva Street.
 Mrs. L. A. GUTHRIE, The Hollies, Davidson's Mains.
 Mrs. HISLOP, Castle Park, Prestonpans.
 Miss EMILY LAMB, 10 Grosvenor Crescent.
 Miss LOWSON, 13 South Learmonth Gardens.
 Miss L. MACKENZIE, 21 Learmonth Terrace.
 Mrs. MUIR, 8 Greenbank Terrace.
 Miss MYLNE, 3 Great Stuart Street.
 Mrs. R. W. PHILIP, 45 Charlotte Square.
 Miss A. J. ROLLAND, 16 Alva Street.
 Miss THORBURN, 12 Hermitage Place, Leith.
 Miss WILLIAMSON, 11 Palmerston Road.

Honorary Physicians.

R. W. PHILIP, M.A., M.D., F.R.C.P.
 G. L. GULLAND, M.D., F.R.C.P.

Honorary Surgeon.

DAVID WALLACE, C.M.G., M.B., F.R.C.S.

Resident Physician.

IAN STRUTHERS STEWART, M.B., Ch.B.

Non-Resident Clinical Assistant.

W. LESLIE LYALL, M.B., C.M.

Lady Superintendent.

Miss GUY.

Honorary Secretaries.

WALLACE & GUTHRIE, W.S., 1 North Charlotte Street, Edinburgh.

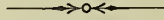
Clerk and Treasurer.

NORMAN CAIRNS, C.A., 4A St. Andrew Square, Edinburgh.

Auditor.

EDWARD BOYD, C.A., 23 Thistle Street, Edinburgh.

LADY PRESIDENTS AND PATRONS OF COUNTRY AUXILIARIES.



- Aberdeenshire*—Mrs. FARQUHARSON of Houghton, Netherton, Meigle.
Arbroath—Mrs. LINDSAY CARNEGIE, Kinblethmont.
Ardrossan—The COUNTESS OF EGLINTON, Eglington Castle.
Auchtermuchty—Mrs. FAIRLIE, Myres Castle.
Bonkyl and Ednam—Mrs. SANDYS LUMSDAINE, West Blanterne.
Caithness-shire—The DUCHESS OF PORTLAND, Langwell.
Clackmannanshire—The COUNTESS OF MAR AND KELLIE, Alloa House.
Dalkeith—The MARCHIONESS OF LOTHIAN.
Duns—The Hon. LADY MILLER, Manderston.
Forfarshire—The COUNTESS OF STRATHMORE, Glamis Castle.
Humbie—The Hon. Mrs. SCOTT, Humbie House.
Jedburgh and District—ALEX. WADDELL, Esq., Palace (*Patron*).
Kinross-shire—Mrs. REID, Thomanean.
Kirkliston—Mrs. HOG, Newliston.
Kirknewton—Mrs. HAMILTON, Cairns.
Lesmahagow—The Hon. Mrs. BINGHAM, Stoneybyres House.
Lilliesleaf—Mrs. SPROT, Riddell.
Linlithgow—Mrs. MELVILLE, Lochcote House.
Linlithgowshire—The MARCHIONESS OF LINLITHGOW.
Melrose—The COUNTESS OF DALKEITH, Eildon Hall.
Muthill—Miss SPIER, Culdees Castle.
Newport—Miss LENG, Kinbrae.
Orkney and Shetland—The COUNTESS OF ZETLAND, Kerse House, Falkirk.
Peeblesshire—Mrs. THORBURN, Glenormiston.
Pencaitland—The Hon. Mrs. HAMILTON OGILVY, Winton Castle.
Perthshire—LADY GEORGINA MACKENZIE, Balboughty.
Pitlochry—Mrs. MACBETH, Bank of Scotland House.
Pittenweem—LADY AVA-CAMPBELL, Gibleston.
Ratho and Dalmahoy—Miss BULLOCK, The Parsonage.
Rosslyn—LADY DRUMMOND, Hawthornden.
St. Boswells, Mertoun, and Bowden—Miss M. T. BAILLIE, Dryburgh House.
Stow—Miss MILROY, Torsonce.
Sumburgh (Shetland)—Mrs. BRUCE.
Sutherlandshire—The DUCHESS OF SUTHERLAND, Dunrobin Castle.

LADY COLLECTORS—EDINBURGH.

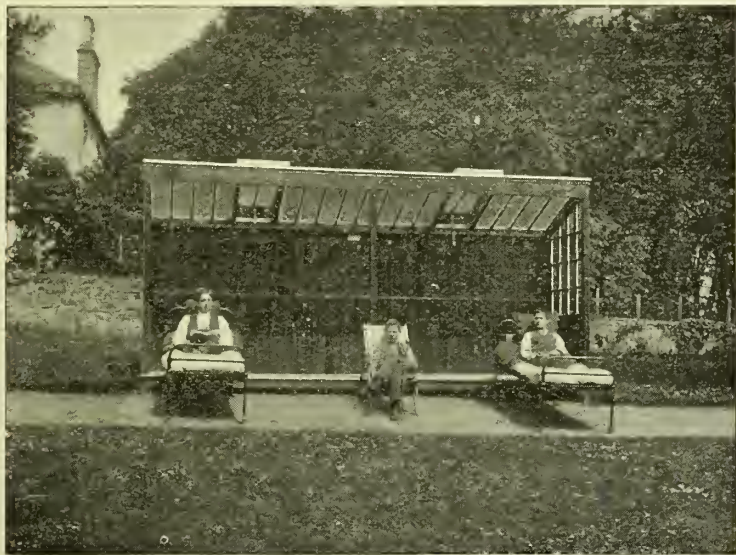
-
- Adam, Miss E. Borthwick, 28 Hartington Place.
 Aitken, Miss, 12 Grange Terrace.
 Alison, Miss, 3 Moray Place.
 Anderson, Miss J. H., 12 Buccleuch Place.
 Archer, Miss, 2 Wellington Pl., Leith.
 Bayley-Jones, Miss, 24 Torphichen Street.
 Bayley-Jones, Miss Ivy, 24 Torphichen Street.
 Bell, Miss, 181 Morningside Road.
 Bisset, Miss, Bridgend, Craigmillar.
 Blackstock, Miss, 96 Findhorn Place.
 Blackstock, Miss Anna, 96 Findhorn Place.
 Brown, Miss, 5 Bangholm Terrace.
 Burley, Mrs., 5 Morningside Grove.
 Cairns, Miss, 18 Greenhill Place.
 Cairns, Miss K. M., 18 Greenhill Pl.
 Cairns, Miss, Wardie Road, Trinity.
 Carphin, Miss, 24 Northumberland St.
 Cheyne, Miss, 4 Moray Place.
 Chisholm, Miss, 32 Warrender Park Terrace.
 Cowan, Miss, 119 Trinity Road.
 Cowley, Miss, 3 Monmouth Terrace.
 Crawford, Miss Ray, 12 Carlton Street.
 Crerar, Miss, 52 Craigmillar Park.
 Croom, Miss A. M., 25 Charlotte Sq.
 Cunningham, Miss Blair, 18 Rothesay Place.
 Cunningham, Miss M., 5 Prospect Bank, Leith.
 Dawson, Miss Phemie, 24 Royal Ter.
 Dewar, Miss, Drylaw House, Davidson's Mains.
 Dickson, Miss E., 3 Royal Circus.
 Dickson, Miss N. J., 18 Palmerston Pl.
 Drybrough, Miss S., 5 Ettrick Road.
 Drysdale, Miss, 70 Pilrig Street.
 Dun, Miss J. G., Gorgie Ho., Gorgie.
 Ewart, Miss, 8 Stirling Road.
 Fairbairn, Miss M. R., Ferndale, 18 Dalkeith Road.
 Finlayson, Miss G. P., 8 Thirlestane Road.
 Firth, Miss, Rose Villa, Viewforth.
 Fletcher, Miss Morag, 37 Kilmaurs Rd.
 Flett, Miss, 52 St. Alban's Road.
 Gibb, Miss, 21 Royal Terrace.
 Gibb, Miss E., 21 Royal Terrace.
 Gilmour, Miss, 20 India Street.
 Gorton, Mrs., 11 Leopold Place.
 Graham, Miss Edith, 2 St. Bernard's Crescent.
 Grant, Miss, 4 North Fort Street.
 Gray, Miss, 7 Goldenacre Terrace.
 Gray, Miss N., 6 Greenhill Place.
 Greig, Miss, 33 Warriston Crescent.
 Guthrie, Miss, Almora, Colinton.
 Guthrie, Miss, 6 Rochester Terrace.
 Guthrie, Miss A. R., 13 Royal Circus.
 Guthrie, Miss M. F., 13 Royal Circus.
 Halkett, Miss, 1 Randolph Place.
 Hunter, Miss, 8 India Street.
 Hutchings, Miss, 19 Bellevue Crescent.
 Ingram, Miss, 17 Cornwall Street.
 Lawson, Miss, 4 Melgund Terrace.
 Lawson, Mrs., 4 Melgund Terrace.
 Legget, Miss, 2 Ravelston Terrace.
 Lennox, Miss, 19 W. Nicolson Street.
 Logan, Miss, 29 Coates Gardens.
 Longmore, Miss, 18 Melville Street.
 Low, Miss Mabel, Lynn Ericht, 61 Morningside Drive.
 Lyon, Miss, 4 Coates Place.
 Macbean, Miss, 26 Braid Crescent.
 MacBeth, Mrs., 9 Oxford Street.
 M'Carthy, Miss, 31 Stafford Street.
 M'Culloch, Miss E., 3 Bellevue Cres.
 M'Cuaig, Miss, 5 Hope Terrace.
 Macdonald, Miss, 5 Bellevue Place.
 MacIntyre, Miss, 27 Howard Place.
 Mackay, Miss, 26 Chalmers Street.
 M'Kean, Miss, 5 Dudley Gdns., Leith.
 Macleod, Miss C. C., 1 Mayfield Road.
 Macminn, Miss, 2 West Coates.
 Macpherson, Miss, 3 Grosvenor Street.
 Mahaffy, Miss J. C., 86A Upper Gilmore Place.
 Marshall, Miss, Hollywood, Canaan Lane.
 Marshall, Miss B. M. Hollywood, Canaan Lane.
 Morrison, Miss, 33 East Trinity Road.

- Morrison, Miss, Thule, Cluny Avenue.
 Mowat, Mrs., Carolside, Wilton Road.
 Muirhead, Miss, 9 Murrayfield Avenue.
 Murray, Miss, 304 Morningside Road.
 Newell, Miss, 6 Summerside Place,
 Leith.
 Oliphant, Miss H. B., 7 Chamberlain
 Road.
 Philip, Miss, 52 Blacket Place.
 Pirie, Miss, 18 Dudley Gardens, Leith.
 Rae, Miss, 5 Cluny Avenue.
 Raimes, The Misses, 5 Belford Park.
 Reid, Miss, 5 Ravelston Park.
 Roberts, Miss, 12 Blackford Avenue.
 Robertson, Miss J. M., 1 Kilmaurs
 Terrace.
 Rolland, Miss A. J., 16 Alva Street.
 Russell, Miss M., 49 Braid Road.
 Salomons, Miss, 2 S. Lauder Road.
 Scott, Miss, 75 Great King Street.
 Smith, Miss, 47 Lauder Road.
 Smith, Miss, 6 Northumberland Street.
 Smith, Miss M. Addison, 3 Belgrave
 Crescent.
 Stalker, Miss L., 23 Upper Gilmore
 Place.
 Stein, Mrs., 8 Maxwell Street.
 Sutherland, Miss, 1B Summerside Pl.,
 Leith.
 Taylor, Miss, 6 Kilgraston Road.
 Thomson, Miss, 74 Inverleith Place.
 Toshach, Miss, 9 St. Leonard's Bank.
 Turnbull, Miss, Alma Lodge, Strathearn
 Road.
 Vert, Miss, 16 Lomond Road.
 Vert, Miss C., 16 Lomond Road.
 Waldie, Miss M., Birnam Lodge, 78
 Trinity Road.
 Wallace, Miss, 7 Inverleith Row.
 Watts, Miss, 30 Mayfield Gardens.
 White, Miss B., Springbank, Ferry
 Road.
 Wilson, Miss, 8 Bonaly Road.
 Wilson, Miss, 45 Comely Bank Road.
 Wingate, Miss E. B., 9 Pentland Ter.
 Wood, Miss, Rosemary, Summerside
 Place.
 Younger, Miss G., 3 Lansdowne Cres.

APPEAL.

THE treatment of consumption has come to the front as never before. Nor can it be said to have come a moment too soon. It is well that we realise what consumption means to us nationally.

In successive Reports it has been shown how appalling is the mortality and distress caused by the disease. In Scotland some 7000 persons die every



COVERED SHELTER—PATIENTS AT REST.

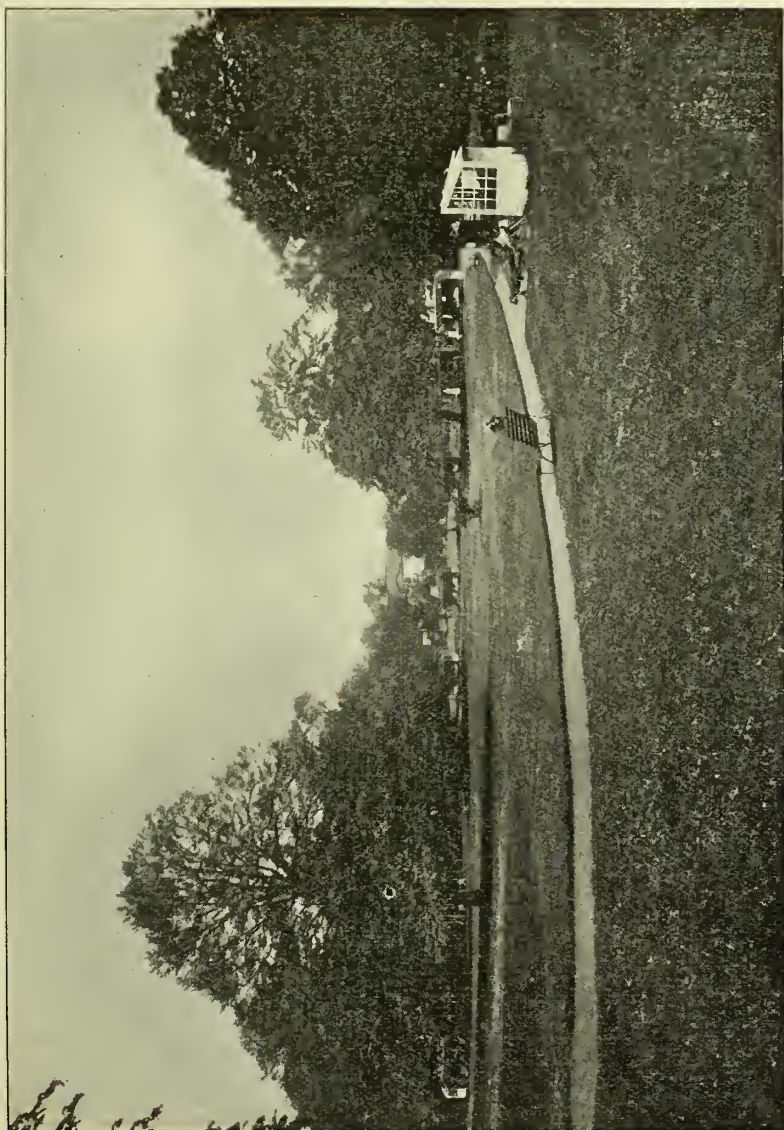
year of consumption. In the City of Edinburgh the annual mortality numbers about 500, and in the various large towns of Scotland the number is correspondingly great. Nor is it confined to our crowded centres. Consumption occurs with remarkable uniformity throughout the country. In the United Kingdom the number of deaths from the disease registers 60,000.

Unhappily, the mortality column is far from exhausting the extent of our national bill. If we multiply the figures already quoted by ten we represent, but inadequately, the number of persons at present suffering from the disease. It is especially sad to recognise how frequently the strongest and fairest of lives are disturbed by its attack. Hundreds and thousands of the best of the race are crippled at a time when the outlook is brightest and fullest of hope. Nor is the damage restricted to the individual directly affected by the disease. In a vast proportion of cases the whole household suffers because of the illness of its chief support.

Public Opinion Awakened.—It is a gratifying aspect of the times to recognise how widely public opinion has been awakened on the question. The renewal of interest is not confined to doctors. Our citizens have been touched powerfully. It is high time to make a combined effort against this scourge of humanity.

Consumption Preventible.—It should be realised that enormous strides have been made in the prevention of consumption. Within the past fifty years the mortality from the disease in Great Britain has been reduced some fifty per cent. In Edinburgh the mortality from consumption has fallen considerably during the past ten years, and in greater proportion than the mortality from fevers. In New York City during eleven years (from 1886 to 1897), when more active measures were taken in relation to the disease the death-rate fell about thirty-five per cent.

These brief statistics are pregnant with hope for the future. It may reasonably be anticipated that with the



VICTORIA HOSPITAL GENERAL VIEW OF THE GROUNDS.

more general adoption of hygienic measures, and more especially with the recognition that fresh air, light, and cleanliness are the great preventives, consumption will gradually disappear from our midst.

Consumption Curable.—Meantime it is no exaggeration to say that hundreds of lives are yearly sacrificed which might readily be saved. Thousands of persons are allowed to sink slowly into a state of physical and financial bankruptcy because the avenues towards cure are so few.

This is the more deplorable in view of the evidence from countless sides that consumption is highly amenable to treatment, if right measures be undertaken sufficiently early. The Victoria Hospital for Consumption can point to many cases of perfect cure which have stood the test of several years' trial. Similar records are forthcoming from other sanatoria in all parts of the world. The significance of the open-air system of treatment of consumption has now been completely established.

Unassailable as are the facts, the practicable outcome has been disappointingly small. Cities and towns throughout the country have considered the question, and many schemes have been proposed, but the actual provision afforded is comparatively slight.

First Hospital in Scotland.—The Victoria Hospital, which was the first hospital in Scotland devoted exclusively to the treatment of consumption, has engaged successfully in the work on open-air lines for over seven years. The Hospital has been from the commencement a *national institution*. Patients are received, in order of application, from every part of Scotland, and many have come from other portions of the United Kingdom. (See



OPEN-AIR SHELTERS, AS ARRANGED FOR NIGHT USE.

Medical Statistics, page 21.) The Hospital has been much visited by medical and lay deputations from many towns of Scotland and England, and its methods have been adopted in relation to other institutions of the kind throughout the kingdom.

The Victoria Hospital occupies a most beautiful site within two miles of Edinburgh. The finely wooded park has been much admired, and the suitability of the site has been convincingly attested by the remarkable results



DINNER TABLE ON CORONATION DAY.

attained. The beautiful park, which slopes pleasantly towards the south, has been provided with all facilities for treatment, in the shape of shelters and screens and graduated walks.

Accommodation too Limited.—But the present accommodation is far too slight. Only twenty-three beds are available at the present time, *and any moment the Hospital might be filled ten times over with deserving cases.*



CONTINUOUS OPEN-AIR TREATMENT FOR PATIENT CONFINED TO BED.

Waiting List.—There is a long, sad wail from a waiting list of some one hundred patients, to whom admission can only be promised in turn. The applicants must wait some eight or nine months till their turn comes round. Nor is it a matter of delay alone. Each week of such delay means the risk of grave aggravation of the disease. Again and again the terrible tale repeats itself, that *patients have died while waiting for admission.*

Immediate Extension Possible.—The plan of the Hospital has been so arranged that further additions can be effected without delay. The grounds permit of such extension on a simple scheme. Thus the first annexe made to the Hospital, with provision for eight patients, was built and furnished, within three months' time, for less than £800. The results attained in this annexe have been completely satisfactory.

Further Extension only a Question of Money.—£1000 will provide additional accommodation for eight or ten patients. £75 will provide for the residence and treatment of four patients during three months each.

Impressed by the facts and encouraged by the results they have seen, the Committee feel they cannot plead too earnestly for further means to extend the benefits of the Hospital in more adequate proportion.

In name of the Committee,

A. CHRISTISON,
President.

THE THIRTEENTH ANNUAL REPORT

OF THE

COMMITTEE OF MANAGEMENT

OF THE

Victoria Hospital for Consumption, Craigleith, Edinburgh,

For the year ending 31st March 1903.

IN submitting the Thirteenth Annual Report of the Victoria Hospital for Consumption, the Committee have the pleasure to record that during the past year a large amount of work has been overtaken in the treatment and prevention of consumption; and that the extension buildings, promised in last year's Report, are almost complete. The Committee expect that these new Pavilions will be occupied in July of the present year, and thereby the Hospital's accommodation increased from 23 to over 60 beds.

THE HOSPITAL OR SANATORIUM.

Since the opening of the Hospital up to 31st March 1903, 782 individual patients have been received for indoor treatment in the Hospital.

The Hospital has continued to receive many "visitant" patients in addition to those in actual residence. Altogether, 69 "visitants" have been admitted. Such patients enjoy the régime and other benefits of the Hospital

throughout the day, returning home to sleep. This, while admittedly less satisfactory than actual residence, serves a useful purpose, and has helped considerably to reduce the pressure on the waiting list. About twenty such patients attend daily. Their attendance constitutes a serious item in relation to expenditure, which must be allowed for in calculating the cost per bed.

EXTENSION.

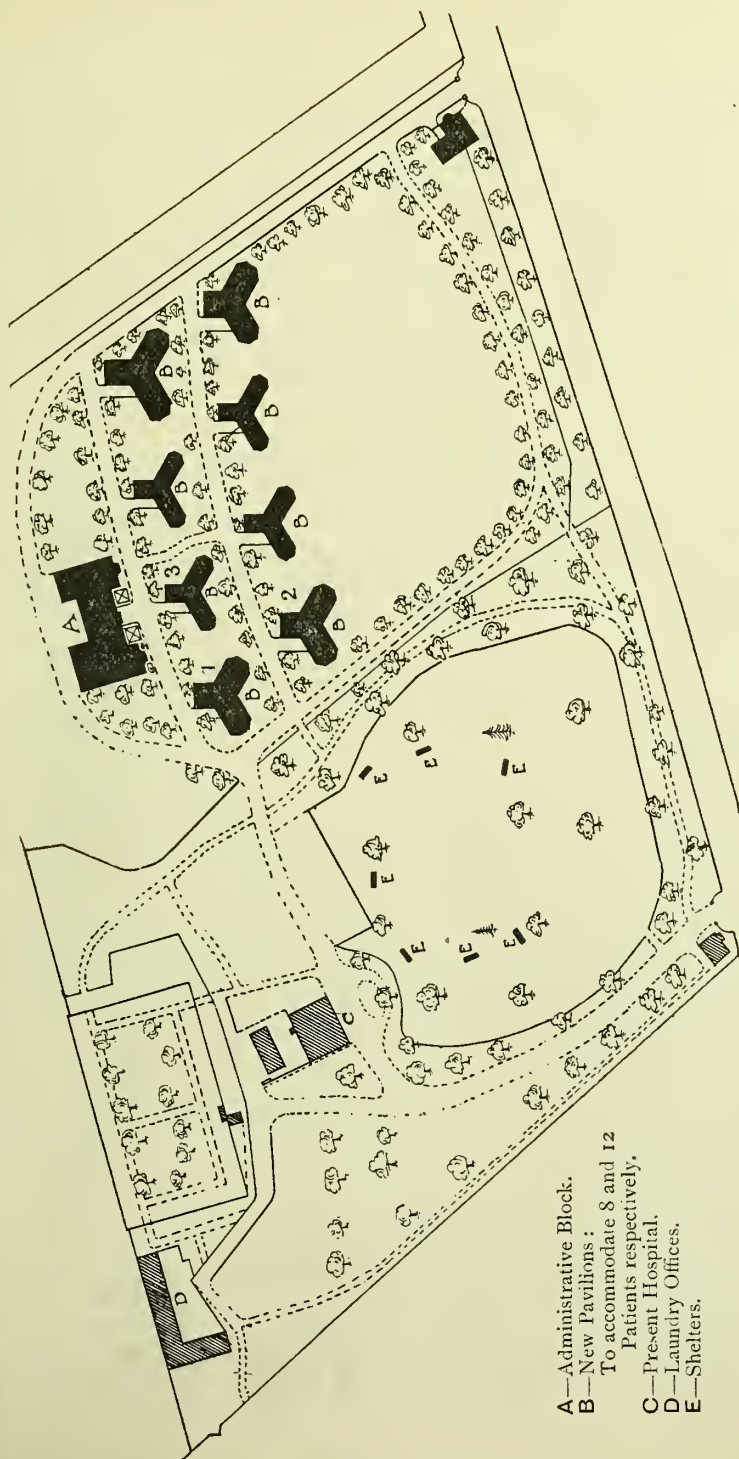
The Committee are glad to be able to report that the three Annexes (marked B I, 2, and 3 on Block Plan), promised last year, are now almost complete. These together will accommodate 32 patients. The Committee would direct attention to the Plan of Extension, which will be understood readily by reference to the accompanying sketch. Each additional unit is self-contained, and is planned so as to ensure a maximum of sunlight and air. An Annex for twelve patients can be built for approximately £1500.

The Committee invite those who are interested to visit the new buildings. They have pleasure in acknowledging the care and thought with which the views of the Committee have been carried into effect by the Architects, Messrs. Sydney Mitchell & Wilson.

It is not so much the structural cost as the maintenance of the beds which entails the chief expenditure. To meet this, and to permit of further extension, the Committee earnestly plead for increased contributions. The Hospital ought to have 100 beds available, in order to cope with the huge demand for admission.

The present increase means the occupation of considerably more beds than the income of the Hospital suffices to cover. A few of these—in every respect like the other beds—will be occupied by patients who can themselves, or through friends, contribute a guinea weekly towards the cost of maintenance. It is to be understood, however, that the amount thus contributed does not meet the Hospital's outlay for such patients.

The Committee would emphasise the great desirability of early diagnosis. Because the expectation of recovery is



- A—Administrative Block.
 B—New Pavilions :
 To accommodate 8 and 12
 Patients respectively.
 C—Pre-existent Hospital.
 D—Laundry Offices.
 E—Shelters.

BLOCK PLAN OF EXTENSION OF VICTORIA HOSPITAL.

immeasurably increased when the treatment is begun early, they are compelled to give preference to applicants who are not in too advanced stages.

To obtain satisfactory results, it has been found necessary to lengthen the limit of residence. During the past year, some patients have been retained for many months. By reason of this, the total number of patients under treatment within the year has been rather less, but the results have proved even more gratifying than hitherto.

RESULTS OF TREATMENT.

Almost without exception, the patients have benefited greatly by residence. In many cases a complete arrest of the disease has been achieved, and patients who had been affected by grave disease have been able to resume regular work.

The gain in weight, musculature, and general well-being is remarkable. Thus most of the patients have increased in weight by one or two stones. Some have put on as much as fifty and even seventy pounds. Many have been discharged better than they have ever been, and returned to their old occupations, having learned their lesson. Others have been advised on discharge as to a more suitable line of life. A few have been retained in the service of the Hospital. Old patients, in increasing numbers, report themselves from time to time, so that the staff is kept informed of their continued well-being.

OUT-PATIENT DEPARTMENT.

The total number of individual cases since the date of opening has been 12,101. Many of these patients have attended the Institution a large number of times.

The Committee are satisfied that the Out-Patient Department or Dispensary plays a highly important part in the prevention as well as the treatment of consumption. By the visits of patients to the Institution, and the visits of the outdoor physician to bedridden patients at their

houses, and the circulation of printed instructions regarding the prevention and treatment of disease, which has now gone on for many years, a vast amount of wholesome education has been quietly effected. A definite diminution in the proportion of advanced patients applying at the out-patient department for the first time has once more been noted.

SAMARITAN COMMITTEE.

The labours of the Samaritan Committee have added much to the usefulness of an Institution whose work lies specially among patients reduced financially as well as physically. At the fortnightly meetings of the Samaritan Committee the more necessitous cases are brought up for consideration by the outdoor medical officer, and such help as seems advisable in the direction of invalid comforts is arranged.

REVENUE.

The excess of Ordinary Expenditure over Income for year to 31st March 1903 was £1093, 18s. 10d.

The Committee would fain see the amount of annual subscriptions still further increased. Whenever the question of extension is broached, they are faced with the difficulty of the maintenance of the beds. The difficulty can most easily be got over by a large increase in the annual income.

They would renew the expression of their earnest hope that some wealthy citizen, realising the necessity, will undertake the adequate extension of the Institution.

In conclusion, the Committee would thank the many friends who have already taken part in the work by subscription or donation. They have to thank very specially certain of the larger contributors to the Extension Scheme. Acknowledgment of the various donations and subscriptions will be found on pp. 32-70 of the full Report. Valuable service has been rendered throughout Scotland by means of the Local Auxiliaries for the collection of subscriptions. The Committee beg to thank the ladies and gentlemen forming the auxiliaries for their generous

labours in helping to extend the usefulness of this National Institution. They have also to record their gratitude to the members of the medical staff and other office-bearers, the lady superintendent and nurses, the ladies who have given their services in connection with the Samaritan work, and the lady collectors. They desire also to thank the clergymen whose services have been kindly given to the Hospital.

In name of the Committee of Management,

A. CHRISTISON,
President.

MEDICAL STATISTICS.

HOSPITAL—INDOOR PATIENTS.

From date of opening in autumn 1894 till 31st March 1903, 782 patients have been under treatment in the Hospital.

In addition to these 782 resident patients, 69 patients have been allowed to spend the whole day at the Hospital, enjoying the régime and treatment, going home at night, making a total of—

Indoor (Resident) Patients	782
Visitant Patients,	69
	<hr/>
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TABLE I.—SHOWING OCCUPATIONS OF PATIENTS.

Architect's Draughtsmen	3	Engravers	1
Asylum Attendants	1	Envelope Folders	4
Bakers	7	Factory Hands	12
Barbers	2	Feather Curlers	1
Black Borderers	1	Fishermen	6
Blacksmiths	10	Footmen	1
Boiler Firemen	1	French Polishers	2
Boilermakers	1	Gamekeepers	2
Bookbinders	2	Gardeners	8
Bookfolders	7	Glassworkers	6
Booksellers	2	Golf-club Makers	1
Brassfounders	4	Golfers (Professional)	3
Brick Kiln Setters	1	Governesses	3
Builders	1	Grocers	4
Butchers	2	Grooms	4
Butlers	4	Gunsmiths	1
Cabinetmakers	2	Housekeepers	6
Cabmen	1	Housewives	87
Canvas Embossers	1	Index-cutters	1
Canvassers	1	Ironfounders	5
Carriers	1	Ironmongers	7
Chemists	2	Ironmoulders	1
Claypipe Makers	2	Janitors	1
Clerks	49	Joiners	25
Commercial Travellers	11	Journalists	2
Coopers	4	Labourers	18
Crofters	1	Lady's Companions	3
Dairymaids	2	Laundresses	3
Dairymen	3	Librarians	1
Domestic Servants	56	Litho Artists	2
Drapers	4	Machinists	10
Dressmakers	29	Maltmen	1
Dyeworkers	3	Marine Firemen	1
Electricians	2	Masons	20
Electrotype Finishers	2	Medical Practitioners	1
Engineers	9	Messengers	9

TABLE I.—*continued.*

Milliners	1	Shepherds	2
Millworkers	16	Shirtmakers	2
Miners	4	Shoemakers	3
Nondescript	41	Shopgirls	15
Nursemaids	11	Shopkeepers	4
Nurses	6	Soldiers	4
Painters	10	Stablemen	1
Paper Bagmakers	2	Stationers	1
Paper Workers	5	Steelworkers	3
Photographers	1	Stonecutters	3
Piano Tuners	1	Students	3
Pitmen	1	Surveyors	1
Plasterers	2	Tailors	23
Ploughmen	4	Teachers	8
Plumbers	13	Tinsmiths	2
Policemen	3	Telegraph Boys	1
Porters	5	Tobacconists	1
Postmen	2	Tram Conductors	3
Pressers	2	Typists	3
Printers and Compositors	31	Upholsterers	7
Publicans	2	Valets	2
Purse-makers	1	Van Builders	1
Quarrymen	1	Vanmen	3
Railway Workers	8	Waiters	3
Relief Stampers	1	Waitresses	3
Reservists	1	Wardmaids	1
Road Superintendents	1	Warehousemen	3
Rubber Workers	6	Warehousewomen	3
Salesmen	6	Watchmakers	3
Saleswomen	7	Weavers	2
School Children	32	Wood Carvers	5
Schoolmasters	4	Woolsorters	3
Seamen	7		
Seedsmen	1		

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TABLE II.—SHOWING AGES OF PATIENTS.

Under 11	14
From 11-20	248
„ 21-30	374
„ 31-40	138
„ 41-50	69
Over 50	8

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TABLE III.—SHOWING SEX OF PATIENTS.

Males	469
Females	382

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TABLE IV.—SHOWING RESIDENCE OF PATIENTS.

Edinburgh	441
Vicinity of Edinburgh	93
Country—	
Aberdeenshire	8
Argyllshire	3
Ayrshire	5
Banffshire	2
Berwickshire	15

TABLE IV.—*continued.*

British Guiana	1
Caithness-shire	2
Clackmannanshire	3
Cumberland	1
Dumbartonshire	6
Dumfriesshire	1
Elginshire	2
Fifeshire	41
Forfarshire	28
Haddingtonshire	20
Harris	1
Italy	1
Inverness-shire	4
Ireland	1
Kincardineshire	2
Kinross-shire	2
Lanarkshire	43
Lewis	1
Linlithgowshire	13
London	1
Midlothian	18
Northumberland	1
Orkney	3
Peebles	1
Perthshire	18
Renfrewshire	5
Ross-shire	2
Roxburghshire	6
Selkirkshire	23
Shetland	8
Stirlingshire	18
Sutherlandshire	4
Switzerland	2
Yorkshire	1

— 317

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OUT-PATIENT DEPARTMENT.

Up to 31st March 1903, 12,101 *individual cases* received treatment at the Out-Patient Department.

TABLE I.—SHOWING ATTENDANCES FROM 31ST MARCH 1902
TILL 31ST MARCH 1903.

	At Institution.	At their own Homes.	TOTAL.
April	1,074	55	1,129
May	1,096	63	1,159
June	902	55	957
July	941	68	1,009
August	948	66	1,014
September	1,064	45	1,109
October	1,125	70	1,195
November	1,163	97	1,260
December	1,078	106	1,184
January	1,066	137	1,203
February	1,197	143	1,340
March	1,224	154	1,378
	<hr/> 12,878	<hr/> 1059	<hr/> 13,937

TABLE II.—SHOWING DISEASES FROM WHICH PATIENTS SUFFERED.

Pulmonary Tuberculosis	8244	Injury to Chest, and Hernia of Lungs	11
Bronchitis	1209	Croupous Pneumonia	10
Emphysema, with Bronchitis, Asthma, etc.	507	Pleura, Affections of	236
Œdema of Lungs, with or without Bronchitis, Weak Heart, etc.	299	Larynx, Affections of	183
Capillary Bronchitis	19	Affections of related Organs, etc.	1383
			<hr/>
			12,101

TABLE III.—SHOWING OCCUPATIONS OF PATIENTS.

Artists	13	Leather Workers	14
Athletes	2	Librarians	2
Bakers	126	Lithographers	24
Blacksmiths	88	Lorrymen and Carters	130
Bookbinders and Folders	180	Maltmen	32
Brassfinishers	78	Masons	496
Butchers	44	Millworkers	255
Cabmen and Grooms	116	Musicians	18
Carpenters, Joiners, and Woodworkers	417	Nondescript	695
Charwomen	114	Paper Bag Makers, etc.	36
Chemists	20	Paper Cutters	45
Children (below fifteen)	1270	Painters	121
Chimney Sweeps	5	Plasterers	37
Clerks and Warehousemen	386	Plumbers	71
Coal Miners and Workers	105	Policemen and Watchmen	25
Comb and Brush Makers	20	Porters	115
Confectioners	11	Postmen, Lamplighters, etc.	31
Corkcutters	15	Printers, Compositors, etc.	311
Dairymen	6	Railway Servants	30
Domestic Servants	468	Riggers	4
Engineers and Enginemen	182	Rubber Workers	209
Farm Servants	21	Salesmen	183
Firemen	32	Saleswomen	188
Fishermen and Sailors	51	Scavengers	8
Fishwomen	40	Sealing-wax Makers	1
Fitters and Riveters	47	Seamstresses and Dressmakers	264
Gardeners and Farmers	54	Shoemakers	113
Gatekeepers and Messengers	68	Sick Nurses	41
Glasscutters and Grinders	30	Slaters	32
Glaziers and Gilders	23	Soldiers	31
Golf-club Makers	1	Spinners	10
Grocers	75	Stokers	10
Guards	26	Students	13
Gunmakers	11	Tailors and Hatters	259
Hairstdressers	45	Tanners and Curriers	25
Hawkers	85	Teachers	57
Housewives	2458	Tinworkers	51
Insurance Agents and Commercial Travellers	126	Upholsterers	31
Ironmoulders and Typefounders	121	Vulcanite Workers	3
Jewellers and Watchmakers	42	Waiters	105
Labourers	809	Weavers	37
Laundresses	83	Wireworkers	24
			<hr/>
			12,101

TABLE IV.—SHOWING AGES OF PATIENTS.

From 1-10	851
„ 11-20	2,492
„ 21-30	3,479
„ 31-40	2,468
„ 41-50	1,542
„ 51-60	786
Above 60	483

12,101

TABLE V.—SHOWING SEX OF PATIENTS.

Males	6,626
Females	5,475

12,101

TABLE VI.—SHOWING RESIDENCE OF PATIENTS.

Edinburgh	9,388
Portobello and Joppa	116
Leith, Newhaven, and Trinity	1,327
Country	1,270

12,101

TABLE VII.—SHOWING DISTRICTS FROM WHICH PATIENTS HAVE BEEN RECEIVED, OTHER THAN EDINBURGH, LEITH, AND IMMEDIATE VICINITY.

Aberdeen	4	Buckhaven	1
Aberdour	6	Burntisland	7
Abernethy	2	Caithness	2
Addiewell	1	Carlisle	3
Alexandria	1	Carstairs	1
Alloa	7	Cleland	1
Alnwick	1	Coatbridge	3
Alyth	1	Cockenzie	82
Alva	12	Colinton	7
Airdrie	2	Corstorphine	14
Annan	1	Cowdenbeath	4
Anstruther	1	Chirnside	2
Arbroath	2	Cramond	3
Argyllshire	2	Crieff	3
Armadale	5	Cumberland	1
Auchendinny	4	Currie	6
Ayr	1	Dalhousie	1
Ayton	1	Dalkeith	23
Bathgate	16	Dalmeny	1
Beattock	1	Davidson's Mains	9
Belfast	1	Denholm	1
Berwick-on-Tweed	5	Denny	2
Biggar	1	Donne	1
Blantyre	3	Duddingston	7
Blackhall	11	Dumbarton	1
Blair Atholl	1	Dumfries	4
Bo'ness	7	Dunbar	8
Bonnyrigg	23	Dunblane	2
Bonar Bridge	1	Dundee	16
Blairgowrie	2	Dundonald	1
Bowbridge	1	Dunfermline	30
Broomieknowe	1	Duns	4
Broxburn	45	Dysart	2

TABLE VII.—*continued.*

East Calder	6	Macmerry	3
Earlston	4	Manchester	1
Elgin	3	Manuel	1
Elphinston	1	Markinch	2
England	17	Maybole	1
Eyemouth	1	Melrose	4
Falkirk	32	Midcalder	14
Fauldhouse	4	Milton Bridge	1
Fife	15	Moffat	1
Ford	2	Montrose	3
Forres	1	Motherwell	2
Galashiels	27	Musselburgh and Fisherrow	110
Garvald	2	Newton Grange	1
Gilmerton	1	Niddrie	1
Glasgow	102	North Berwick	4
Gordon	1	Orkney and Shetland	29
Gorebridge	6	Paisley	2
Govan	2	Peebles	16
Grangemouth	11	Pencaitland	13
Granton	4	Penicuik	28
Greenock	1	Perth	11
Haddington	10	Pitlochry	1
Hamilton	5	Polmont	4
Hawick	4	Polton	3
Helmsdale	1	Prestonpans	22
Innerleithen	7	Queensferry, N. and S.	15
Inverkeithing	4	Reston	1
Inverness	6	Rosewell	2
Ireland	2	Roslin	4
Island of Eigg	1	Ross-shire	1
Jedburgh	1	Rothesay	1
Johnstone	4	St. Andrews	2
Juniper Green	5	St. Boswells	2
Kelso	2	Selkirk	9
Kinghorn	1	Shotts	3
Kingsknowe	1	Slateford	12
Kirkcaldy	43	South Shields	2
Kirkcudbright	1	Stenton	1
Kirkintilloch	1	Stirling	10
Kirkliston	1	Stobo	1
Kirknewton	1	Stonehaven	1
Ladybank	1	Stow	3
Lanark	4	Sutherlandshire	2
Langsidehouse	1	Tain	1
Lasswade	1	Tillicoultry	2
Lauder	1	Tranent	61
Leadburn	1	Tynecastle	1
Leslie	1	Uphall	8
Leven	2	Wales	1
Liberton	12	Walkerburn	3
Linlithgow	6	Wemyss	4
Liverpool	2	West Calder	4
Livingston	1	Whitburn	1
Loanhead	16	Winchburgh	2
Lochgelly	2	Wishaw	1
Lochwinnoch	1	Australia	1
Lockerbie	2		
London	4		
Longniddry	2		

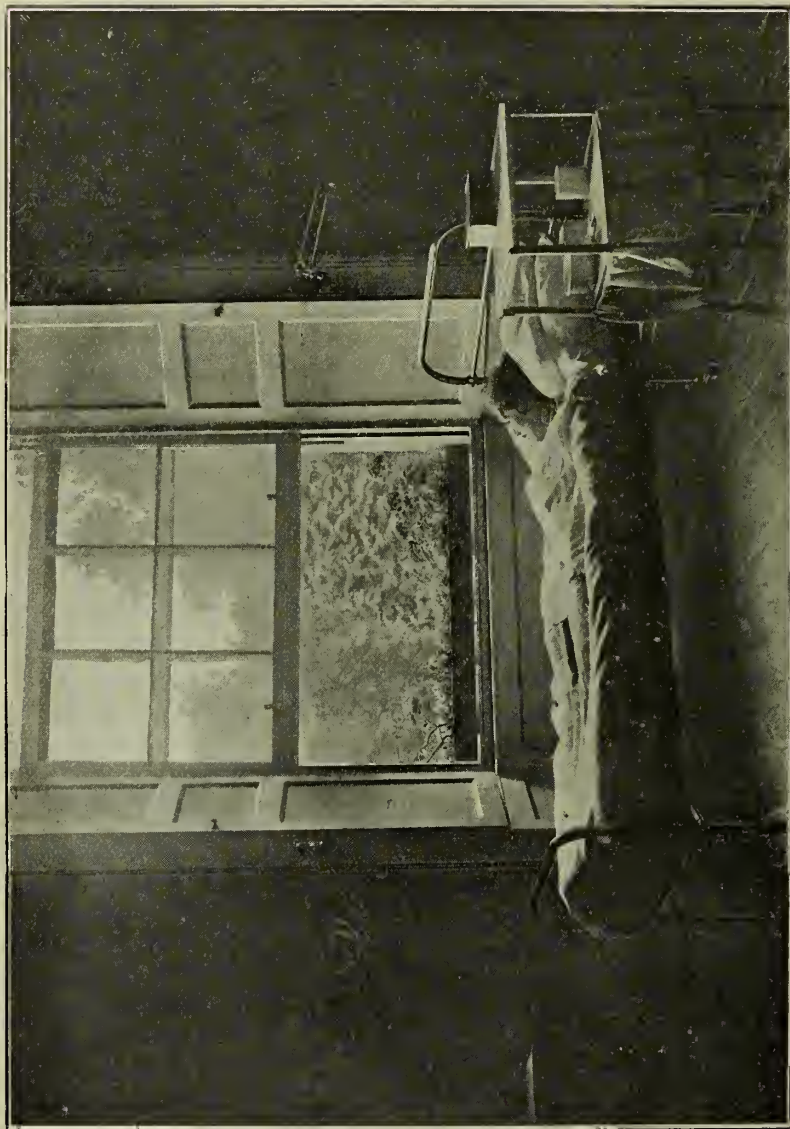
ILLUSTRATIVE CASES.

T. R., a chemist's assistant, age twenty-three, admitted into Hospital, July 1895, suffering from consumption both of chest and throat, his voice gone, and his condition such as to utterly incapacitate him for work. He did well while in Hospital, regained his voice, and put on flesh. After leaving he continued to live on the lines he had been taught, with the result that he is now in perfect health, following his occupation in a town in the north.

W. K., plumber's apprentice, age seventeen, admitted into Hospital, August 1895, with both lungs affected. He made a most satisfactory recovery, and on leaving Hospital, acting on the advice given him, went for a trip to the Mediterranean. The sea suited him so well that he gave up his old occupation, and is now employed as a steward.

E. G., electrical mechanic, age twenty-one, admitted November 1895. The condition of this patient's lungs was so bad that there seemed little hope of his life being spared. He improved, however, and after being kept under observation for a long time, and carrying on the treatment, he was able to return to work about a year ago, and is now keeping very well.

W. N., teacher, age nineteen, admitted May 1896. Had been obliged to give up his work owing to consumption, with bleeding from the lungs. He improved immensely during residence in Hospital, gaining strength and weight. The improvement has been steadily maintained, and he is now at his old work, looking perfectly strong and fit.



WARD IN SANATORIUM—CONTINUOUS OPEN WINDOW.

OUT-PATIENT DEPARTMENT.

THE following cases, taken at random from the note-book of the Assistant Medical Officer, serve to illustrate the nature of this department of the work:—

Case of A. B.—Girl, seventeen years of age, with tuberculous disease of both lungs rapidly advancing. I found this patient lying in the corner of a large room, two stories below the street level, dark, damp, ill-ventilated, the only window looking out on a small patch of dirty grass at the same level as the floor of the dwelling-house. At the opposite corner of the room was another bed in which her father, uncle, and little brother slept, her mother and some other members of the family having already died of phthisis. She lay on a dirty bed,—expectorating into scraps of linen which were thrown carelessly about the room,—not properly fed, clothed, or nursed. With such surroundings the poor child had to lie for weeks, racked by pain and constant coughing, gasping for breath, in a high fever, suffering greatly from thirst, till death relieved her from her suffering. Her friends, though doing everything in their power, had neither the means nor the knowledge required to nurse her properly.

SAMARITAN WORK.

This graphic narrative, reported by one of the lady visitors, tells its own terribly sad tale:—

Case of A. G.—Married man, with young wife and two children. Unable to work for nine months; in the last stage of consumption. Wife working one day in the week; her confinement near, and unable to do much. In this state the household had just flitted to another house. A. G. quite exhausted with removal and unable to rise, suffering terribly from coughing, exhaustion, and expectoration. Wife obliged to put him on “shake-down” three days after removal, and infant born that evening in bed where husband had been. Thirty-six hours after, wife had to rise to let A. G. be put into the bed again, where he died twelve hours later in great suffering. Wife, new-born infant, and the two others, had to sleep on “shake-down” for three days, until the “parish” came to bury the husband and father! Is it to be wondered that consumption spreads?

ABSTRACT OF THE CLERK AND TREASURER'S ACCOUNTS, from 31st March 1902 to 31st March 1903.

I.—ORDINARY INCOME AND EXPENDITURE ACCOUNT.

INCOME.

I. Revenue received—

I. Subscriptions and Donations—			
(1) Per Treasurer, as on p. 33	£680	6	7
(2) Per Lady Collectors in Edinburgh and Leith, as on p. 45	£846	16	4
(3) Per Public Works, as on p. 46	63	11	6
(4) Per Lady Collectors in Country Districts, as on p. 70	910	7	10
(5) Per Sunday Schools, as on p. 70	1,211	7	10
(6) Per Collecting Boxes, as on p. 70	27	1	1
	91	11	11
	<hr/>		
	£2,920	15	3
2. Dividends and Interest received	174	14	7
3. Miscellaneous	31	19	10

EXCESS OF ORDINARY EXPENDITURE OVER INCOME, CARRIED TO EXTRAORDINARY ACCOUNT.

1,993 18 10

£4,221 8 6

EXPENDITURE.

I. Payments in connection with the Hospital—

1. Rents, Rates, Taxes, and Insurance	£84	15	3
2. Provisions	1,706	18	3
3. Salaries and Allowances to Resident Staff	234	7	9
4. Servants' Wages	124	6	5
5. Coals and Gas	218	11	7
6. Furnishings and Repairs	280	9	4
7. Medicines and Medical Appliances	134	18	6
8. Garden Expenses, including Wages of Gardeners and payment of £82, 5s. 9d. for Gravel	239	7	4
9. Matron's Sundries, £41, 11s. 2d.; and Miscellaneous, £21, 2s. 6d.	62	13	8
	<hr/>		
	£3,086	8	1

II. Payments in connection with the Dispensary—

1. Rents, Taxes, and Insurance	£47	8	10
2. Salary to Medical Assistant	60	0	0
3. Coals and Gas	13	8	5
4. Furnishings and Repairs	0	15	2
5. Caretaker's Wages	40	0	0
6. Medicines and Medical Appliances	268	16	0
7. Caretaker's Sundries, £9, 10s.; and Miscellaneous, £8, 2s.	17	12	0

III. Interest Paid on Heritable Loan

IV. Printing, Stationery, and Advertising	448	0	5
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V. Commission and Expenses of Organising Secretary, including Travelling Expenses

VI. Expenses of Management	210	17	8
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VII. Postages and Miscellaneous Payments

	170	16	1
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214 6 7

68 18 0

22 1 8

£4,221 8 6

II.—EXTRAORDINARY ACCOUNT.

CHARGE.

Funds as at 31st March 1902	£7,427	0	0
Legacies received during the year—			
Miss M'Arthur Moir	£50	0	0
Mrs. Margaret Lyle, 37 Wilton Road, per Alex. Stewart, S.S.C.	200	0	0
J. A. Molleson, C.A., Edinburgh	1,000	0	0
	1,250	0	0
Donations to Extension Scheme—			
E. F. R.	£50	0	0
Miss A. J. Reid, 73 Morningside Park	10	0	0
"Mr. D.," Montrose, per Mrs. Miller, Rossie Castle, Montrose	50	0	0
Wm. Younger, Esq., M.P., being balance of £1000, cost of erecting one Annex	500	0	0
R. M. Stevenson, Esq., 16 Learmonth Terrace	5	0	0
	615	0	0
	£9,292	0	0

DISCHARGE.

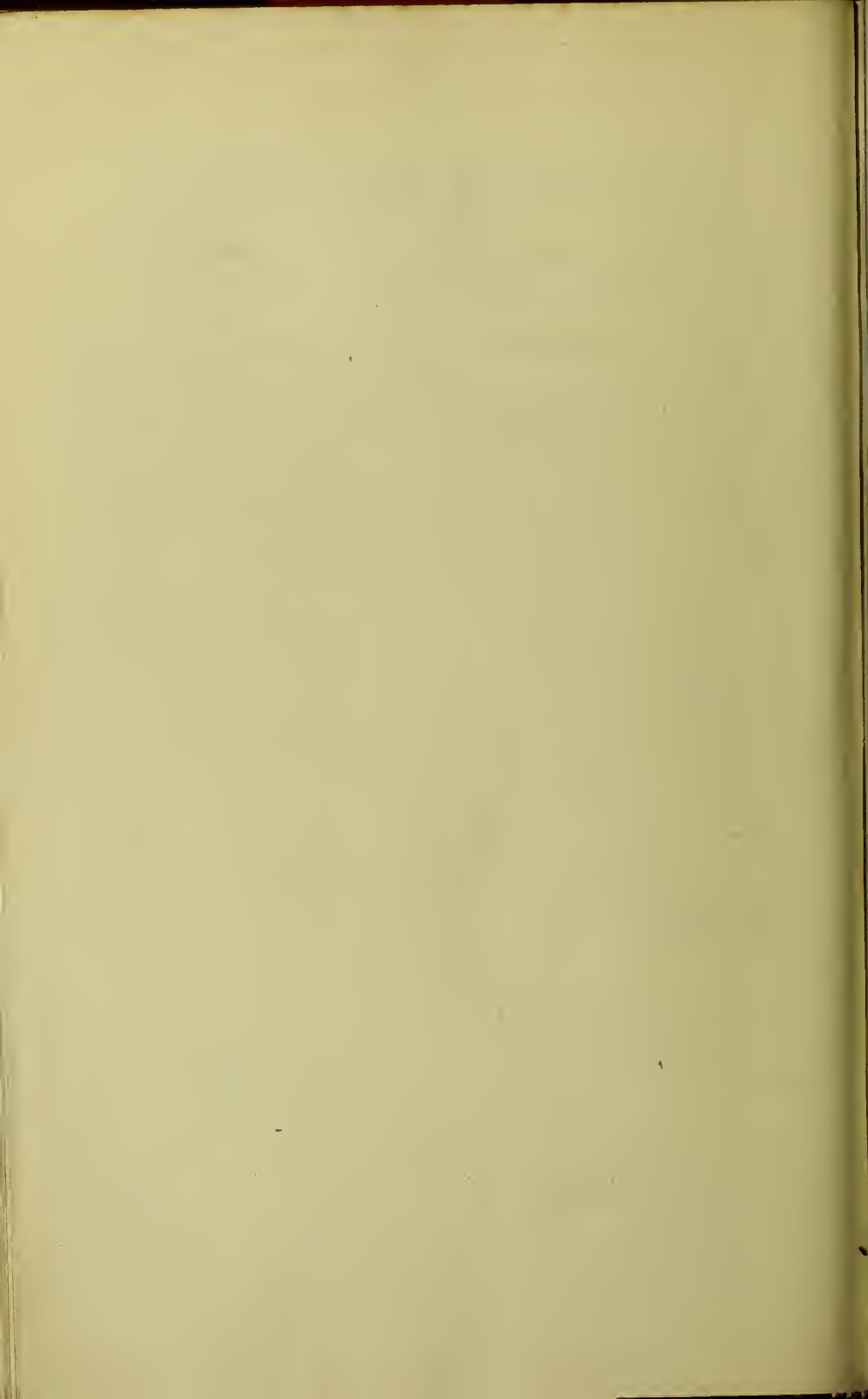
Payments in connection with the Extension Scheme	£4,351	15	11
<i>Note.</i> —The total Payments made to date on account of the New Buildings amount to £6654, 8s. 5d.			
Excess of Ordinary Expenditure over Income	1,093	18	10
Funds as at 31st March 1903—			
(1) 125 Ordinary Preference Shares of £4 fully paid, in the Mortgage Company of South Australia	£500	0	0
(2) £1360 3½% Deb. Stock of the National Telephone Company at cost	1,479	14	0
(3) Sum on Deposit Receipt with the Bank of Scotland	1,400	0	0
(4) Balance on Account Current with the Commercial Bank of Scotland	159	5	
(5) Balance in hands of Matron for Expenses	20	0	
(6) Balance due by the Clerk and Treasurer	102	6	3
(7) Excess of sums received over payments made, subsequent to 31st March 1903, applicable to year, and included in above	184	19	5
	3,846	5	3
	£9,292	0	0

EDINBURGH, 18th June 1903.—I have examined the Account of the Intromissions of the Clerk and Treasurer of the VICTORIA HOSPITAL FOR CONSUMPTION for the year ending 31st March 1903, of which the above is an Abstract, and have found it correct.

EDWARD BOYD, C.A., Auditor.

NOTE OF ENDOWMENTS.

"Howard Graham Usher Bed"	£1,000	0	0
Donation from the late Julius H. Beilby, Esq., the Income available for Ordinary Expenditure	500	0	0
"George Vallance Bruce Bed"	1,000	0	0
"W. E. Miller Bed," £1000, less Duty	909	6	8
"Mr. and Mrs. A. Oliver Riddell Bed"	1,000	0	0
	£4,409	6	8



Rules for Consumptive Patients and Those Looking after Them.

(As issued to Out-Patients at the Victoria Hospital.)

Consumption is a communicable disease. It may pass from person to person. It may pass from one lung to the other, or from one organ to another.

The chief source of infection is the expectoration of the consumptive. The great danger lies in the drying of the expectoration, and the blowing about of the dried infectious material.

The spread of consumption can be largely prevented. *If the succeeding directions be obeyed, there need be no serious danger in ordinary intercourse with patients. The breath of the consumptive is not directly infectious.*

The patient should expectorate into a jar or cup containing a tablespoonful of carbolic acid (1 to 20) or other disinfectant.

The vessel should be changed once in twelve hours, or oftener. It should be cleansed by being filled up with *boiling* water. The combined contents should be poured down the w.c. The vessel should then be washed with *boiling* water.

When the patient is out of doors, he should carry a pocket spitting flask (such as Dettweiler's, or the Victoria Hospital simpler model). The flask should be used and cleansed like the jar. The patient should never spit on the streets.

The patient should not use handkerchiefs for expectoration. If this ever has to be done, the handkerchief should be of an inexpensive material, that it may be burned after use. Squares of rag or paper, which may be used for convenience, should be similarly treated.

The expectoration should on no account be swallowed, for thereby the disease may pass to other organs.

Consumptive patients should avoid kissing.

Consumptive mothers should not suckle.

If expectoration has been accidentally deposited on the floor or other object, it should be wiped up and burned, and the surface of the object cleansed with strong antiseptic.

Rooms which have been long occupied by a consumptive patient should, before occupation by someone else, be carefully disinfected, as after other infectious disease.

FRESH AIR is the food of the lungs. Therefore, see that the lungs be not starved.

A.—By Day.—The patient should occupy as airy a room as possible. It must be scrupulously dry, and preferably removed from the ground. The window should be *freely* open. When able, the patient should be out of doors once or several times during the day. He must avoid over-effort, and damp, or chill, which would counteract the benefit.

B.—By Night.—He should sleep alone. The bedroom should be large and airy. The window should be kept open, less or more according to the season.

Copies of these, on card, can be had for distribution, price 2s. 6d. per 100, on application to the Physician, Victoria Hospital for Consumption, Craigleith, Edinburgh.

Regulations for the Admission of Patients.

1. The Royal Victoria Hospital for Consumption, Edinburgh, is founded for the treatment of patients suffering from Consumption, who are in necessitous circumstances.

2. No patient whose household is in receipt of Parish Assistance shall be considered eligible for admission into the Hospital.

3. Patients will be admitted to indoor treatment, only if the Physician is satisfied that the case may reasonably be expected to benefit thereby.

4. Subject to the above restrictions, patients will be received in order of application, according as vacancies may occur.

5. A small number of beds is available for patients able to contribute £1, 1s. weekly towards the cost of maintenance. Patients will be admitted on this basis strictly in order of application, and only on condition that they can contribute the weekly sum for at least four months, should residence for that period be deemed desirable by the Physician.

6. The length of residence in hospital will depend on the nature of the case. With regard to this the Physician shall be the judge.

7. No case shall be admitted twice within one year.

8. In entering the Hospital, patients agree to conform rigidly to the Rules of the Institution. No patient shall be readmitted if he has once been discharged for breach of Rules.

9. Applications for admission should be made directly at the Dispensary, 26 Lauriston Place, or by letter, addressed to the Clerk and Treasurer, Mr. NORMAN CAIRNS, C.A., 4A St. Andrew Square, Edinburgh.

THE DISPENSARY AND OUT-PATIENT DEPARTMENT

26 LAURISTON PLACE.

1. The Dispensary is open for consultation to all necessitous patients suffering from Consumption or Diseases of the Chest, on Mondays, Wednesdays, and Fridays, at 3 p.m.

2. Medicines are dispensed *gratis* only to such patients as the Physician ascertains to be in need of such further assistance. A formal charge of One Penny will be made for each prescription so dispensed.

3. Patients shall not receive advice or medicines unless they attend punctually at the appointed hours, which are indicated on the Prescription Form.

The above Regulations are subject to alteration by the Acting Committee.

31st March 1907.

THE DISPENSARY and OUT-PATIENT DEPARTMENT,
26 LAURISTON PLACE, is open for the Reception of
Patients on MONDAYS, WEDNESDAYS, and FRIDAYS,
from 3 to 4 p.m.; and for the Dispensing of Medicines
Daily (except Sunday), from 10 to 10.30 a.m., and on
Mondays, Wednesdays, and Fridays, from 6 to 6.30 p.m.

About 60,000 Persons die annually of Consumption in the
United Kingdom.

THE VICTORIA HOSPITAL

FOR

CONSUMPTION

CRAIGLEITH, EDINBURGH



Over 150 Cases are at present
waiting for Admission (see page 8).

In Memoriam Wards and Beds.

THE Trustees will be pleased to gratify the wish of any Donors who may desire to endow and name a Ward or single bed in the Victoria Hospital. They purpose, therefore, to affix to beds in perpetuity the name of any benefactor of the Hospital to the extent of £1000 by donation or legacy, who so desires it, and to Wards in recognition of larger donations.

Lord Derby, when presiding at the opening of the New Extension Building to Brompton Hospital for Consumption, alluding in his speech to Memorial Wards and Beds, said—"One cannot dictate the form which affection and regret shall take to display themselves; every one must make their own choice; but for myself, I cannot conceive a more satisfactory method of keeping alive the memory of a lost relative or friend, than by attaching his or her name permanently and inseparably to an institution which is intended to relieve suffering, and which for many generations to come may be a benefit to the living as well as a remembrance of the dead."

FORM OF LEGACY OR REQUEST.

I give and bequeath to the VICTORIA HOSPITAL FOR CONSUMPTION, CRAIGLEITH, EDINBURGH, payable to the Treasurer of the Institution for the time being, the sum of
free of legacy duty.

Regulations for the Admission of Patients will be found on second last
page of Cover

THE
VICTORIA HOSPITAL
FOR
CONSUMPTION
AND DISEASES OF THE CHEST
CRAIGLEITH, EDINBURGH

Patrons and Patronesses

THE DUKE OF ARGYLL
THE EARL OF ABERDEEN
THE LADY MARY HOPE

THE LADY SUSAN GRANT SUTTIE
HON. LORD KINNEAR
HON. LORD KYLLACHY

REPORT FOR YEAR 1897-98

Out-Patient Department—26 LAURISTON PLACE

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SIR ALEXANDER CHRISTISON, BART.

Vice-President.

SIR GEORGE WARRENDER, BART.

Trustees.

CHARLES COOK, Esq., Writer to the Signet.

CHARLES J. GUTHRIE, Esq., Advocate.

JAMES MYLNE, Esq., Writer to the Signet.

R. R. SIMPSON, Esq., Writer to the Signet.

General Committee.

ARTHUR ALISON, Esq., Advocate, 3 Moray Place.

* JULIUS H. BEILBY, Esq., 10 Clarendon Crescent.

Dr. JOSEPH BELL, F.R.C.S., 2 Melville Crescent.

The Rev. ROBERT BLAIR, D.D., St. John's Parish Church.

* Sir ALEXANDER CHRISTISON, Bart., 40 Moray Place.

Dr. T. S. CLOUSTON, F.R.C.P., Royal Asylum, Morningside.

* CHARLES COOK, Esq., W.S., 61 Castle Street.

Dr. HALLIDAY CROOM, F.R.C.P., 25 Charlotte Square.

The Rev. E. C. DAWSON, St. Peter's Church.

* J. R. FINDLAY, Esq., 3 Rothesay Terrace.

* C. J. GUTHRIE, Esq., Advocate, 13 Royal Circus.

The Rev. JAMES HARVEY, Lady Glenorchy's Free Church.

* Sir ALEXANDER KINLOCH, Bart., 5 Forbes Street.

J. D. LAWRIE, Esq., 5 Moray Place.

The Very Rev. JAMES MACGREGOR, D.D., St. Cuthbert's Church.

* JAMES MYLNE, Esq., W.S., 10 Ainslie Place.

The Rev. Professor ORR, D.D., U.P. College.

The Rev. GEORGE PHILIP, D.D., Free St. John's Church.

* Dr. R. W. PHILIP, F.R.C.P., 45 Charlotte Square.

E. T. SALVESEN, Esq., Advocate, 40 Drumsheugh Gardens.

* R. R. SIMPSON, Esq., W.S., 8 Bruntsfield Crescent.

W. C. SMITH, Esq., Advocate, 57 Northumberland Street.

Professor Sir THOMAS GRAINGER STEWART, M.D., F.R.C.P.

The Rev. ANDREW THOMSON, D.D., Broughton Place Church.

JOHN WARRACK, Esq., 14 Carlton Terrace.

Sir GEORGE WARRENDER, Bart., Bruntsfield House.

JOHN WILSON, Esq., Advocate, 24 Heriot Row.

The Rev. J. H. WILSON, D.D., Barclay Church.

HENRY J. YOUNGER, Esq., of Benmore.

Those marked * form the Acting Committee.

Samaritan Committee.

Mrs. BALFOUR, 2 Rothesay Terrace.
 Miss A. BURNS, Milrig, Braid Road.
 Mrs. DUNCAN, 37 Buckingham Terrace.
 Miss FORMAN, 12 Merchiston Park.
 Mrs. AUCKLAND GEDDES, 14 Ettrick Road.
 Mrs. G. H. GEDDES, 8 Douglas Crescent.
 Miss GORDON, 1 Darnaway Street.
 Mrs. D. K. GUTHRIE, 49 Cluny Gardens.
 Mrs. L. A. GUTHRIE, 9 Lynedoch Place.
 Mrs. HISLOP, Castle Park, Prestonpans.
 Mrs. JOLLY, 8 Braidburn Crescent.
 Miss LOWSON, 9 Rothesay Place.
 Miss L. MACKENZIE, 21 Learmonth Terrace.
 Miss MELVILLE, 12 Moray Place.
 Miss MONCRIEFF, 30 Northumberland Street.
 Miss MYLNE, 3 Great Stuart Street.
 Mrs. R. W. PHILIP, 45 Charlotte Square.
 Miss A. J. ROLLAND, 16 Alva Street.
 Mrs. SETON, 36 Buckingham Terrace.
 Mrs. WATSON, 115 Warrender Park Road.
 Mrs. WHITSON, Sen. of Parkhill, 20 Coates Crescent.

Honorary Physicians.

R. W. PHILIP, M.A., M.D., F.R.C.P., 45 Charlotte Square.
 G. L. GULLAND, M.D., F.R.C.P., 6 Alva Street.

Honorary Surgeon.

DAVID WALLACE, M.B., F.R.C.S., 11 Rutland Street.

Resident Physician.

J. WILSON M'INTOSH, M.B., Ch.B.

Non-Resident Clinical Assistant.

JOHN MALCOLM, M.B., Ch.B.

Lady Superintendent.

Miss GUY.

Honorary Secretaries.

WALLACE & GUTHRIE, W.S., 1 North Charlotte Street.

Treasurer.

GEORGE H. CARPHIN, C.A., 54 Queen Street.

Auditor.

EDWARD BOYD, C.A., 88 George Street.

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Ardrossan—The COUNTESS OF EGLINTON, Eglinton Castle.
Auchtermuchty—Mrs. FAIRLIE, Myres Castle.
Bonkyl and Ednam—Mrs. SANDYS LUMSDAINE, West Blanterne.
Caitness-shire—The DUCHESS OF PORTLAND, Langwell.
Clackmannanshire—The COUNTESS OF MAR AND KELLIE, Alloa House.
Coupar-Angus—Mrs. GRAHAM MENZIES, Hallyburton.
Cramond and Davidson's Mains—Mrs. ADAM CROSS, Craigiehall, Cramond Bridge.
Dalkeith—The MARCHIONESS OF LOTHIAN.
Duns—The Hon. LADY MILLER, Manderston.
Forfarshire—The COUNTESS OF STRATHMORE, Glamis Castle.
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Kirkliston—Mrs. HOG, Newliston.
Kirknewton—Mrs. HAMILTON, Cairns.
Lasswade and Polton—Mrs. KNOX, Ivanlea.
Lesmahagow—The Hon. Mrs. BINGHAM, Stoneybyres House.
Lilliesleaf—Miss AGATHA G. M. SPOT, Riddell.
Linlithgow—Mrs. MELVILLE, Lochcote House.
Melrose—The COUNTESS OF DALKEITH, Eildon Hall.
Muthill—Miss SPIER, Culdees Castle.
Newport—Miss LENG, Kinbrae.
Orkney and Shetland—The COUNTESS OF ZETLAND, Kerse House, Falkirk.
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Pitlochry—Mrs. MACBETH, Bank of Scotland House.
Pittenweem—LADY AVA-CAMPBELL, Gibliston.
Ratho and Dalmahoy—Miss BULLOCK, The Parsonage.
Rosslyn—LADY DRUMMOND, Hawthornden.
St. Boswells, Mertoun, and Bowden—Miss M. T. BAILLIE, Dryburgh House.
Stow—Miss MILROY, Torsonce.
Sumburgh (Shetland)—Mrs. BRUCE.
Sutherlandshire—The DUCHESS OF SUTHERLAND, Dunrobin Castle.

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 Allan, Miss, 25 Lauder Road.
 Bell, Misses, 4 Buckingham Terrace.
 Blackstock, Miss A., 44 Fountainhall Road.
 Bow, Miss, 72 Bruntsfield Place.
 Boyd, Miss M. E., 27 Melville Street.
 Burnside, Miss M., 3 Marchhall Cres.
 Burroughs, Miss A., 10 Stanhope Pl.
 Carphin, Miss Jane, 24 Northumberland Street.
 Donald, Miss Mary, 9 Whitehouse Ter.
 Fairbairn, Miss M., 88 Dalkeith Road.
 Gamgee, Miss, 21 Alva Street.
 Guthrie, Miss, 21 Cluny Drive.
 Guthrie, Miss A., 6 Churchill.
 Harrison, Miss, 4 Leamington Road.

Henderson, Miss J. M., 2 Magdala Crescent.
 Jones, Miss K. W., 29 Mayfield Ter.
 Lennox, Miss, 19 W. Nicolson Street.
 Logan, Miss, 25 Rutland Square.
 Mc'Crie, Miss, 25 Pitt Street.
 Macdonald, Miss C., 82 Thirlestane Rd.
 Mather, Miss H. M., The Lee, Colinton Road.
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 Philip, Miss, 52 Blacket Place.
 Rae, Miss, 5 Cluny Avenue.
 Rolland, Miss A. J., 16 Alva Street.
 Smith, Miss, 47 Lauder Road.
 Sym, Mrs. J. D., 73 Great King Street.
 Thorburn, Miss E. M., 12 Hermitage Place, Leith.

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 Allen, Miss, Strowan Cottage, Peebles.
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 Annandale, Miss, Foulden, New Mains, Berwick-on-Tweed.
 Baillie, Miss, Newburgh House, St. Boswells.
 Baldie, Mrs., The Manse, Sandwick.
 Ballantyne, Miss, Stoney Hill, Walkerburn.
 Beloe, Miss, Home Place.
 Blair, Miss, Ramshorn Cottage, Dollar.
 Blair, Miss Alva, Markinch.
 Blair, Mrs. Rodger, Glenhead, Greenbrae, Dumfries.
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 Campbell, Mrs. D., 4 Clouds, Duns.
 Carnegie, Miss, Burn Cottage, Forfar.

Carnegie, Mrs. Lindsay, Arbroath.
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 Coventry, Mrs., Shanwell, Milnathort.
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 Elliot, Miss, P. O., Melrose.
 Finlayson, Mrs., Scourie, Laig.
 Forbes, Miss Jessie, Milltown, Reay.
 Forrest, Miss, Kirkliston.
 Gordon, Mrs., The Manse, Edgerton.
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 Gray, Mrs. W. W., of Nunraw, Garvald, Prestonkirk.
 Hamilton, Mrs., Cairns, Kirknewton.
 Hilson, Miss, Sunnyside.
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- Inches, Miss M., Hope Park, Blairgowrie.
 Jack, Miss, Russell Cottage, Leslie.
 Jack, The Misses, Dunsyre Mains.
 Johnston, Miss, Huntington, Blansilee.
 Johnston, Miss M., Dowally Lodge, Murrayfield.
 Johnston, Mrs., The Manse, Uphall.
 Kerr, Lady Ann, Woodburn, Dalkeith.
 Lindsay, Miss, Drumslead, Fordoun.
 Lindsay, Miss, North Burn, Tundergarth.
 M'Beth, Miss, Bank of Seotland House, Pitlochry.
 M'Lean, Miss, Baillies Buildings, Castletown.
 Macpherson, Miss, Malvern, Nethy Bridge.
 Maxwell, Miss, Cupar Road, Auchtermuehty.
 Melville, Mrs., Lochcote House, Linlithgow.
 Miel, Miss, Bonnyton.
 Millar, Mrs., Rossie Castle, Montrose.
 Millen, Miss, The Rest, Tayport.
 Milroy, Miss Betty, Torsonce, Stow.
 Newall, Miss Mary, Woodburn House, Dalbeattie.
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 Robertson, Miss, Fountainhall House, Pencaitland.
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 Stephen, Miss, Langlogie, Meigle.
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 Thomson, Miss, Whinny Knowe, Cowie Colliery.
 Whale, Miss, Eden Villa, Ladybank.
 Wight, Mrs., Glenleven Villa, Kenno-way, Windygates.
 Wilkie, Miss, 81 High Street, Cowdenbeath.
 Wood, Miss, The Palace, Falkland.
 Wylie, Miss, Cairney Hill, Bankfoot.
 Young, Mrs. W. L., Belvidere, Auchterarder.

APPEAL.

PUBLIC interest in the consumptive's cause begins to awaken. But a vast deal more is needed. Consumption, at once the bane and opprobrium of our civilisation, must be faced and vanquished, as leprosy was in the past. Half-hearted interest wants to be replaced by the serious effort of men and women leagued together against a deadly foe.

It has been estimated that about one-seventh of the race perish from this disease.

In Edinburgh five hundred persons die every year from consumption of the lungs. The mortality from consumption is greater than from all the fevers taken together. As reported by the Convener of the Public Health Committee, 9354 persons died in Edinburgh from consumption during the past nineteen years, while from all the fevers, including influenza and smallpox, only 9114 died. And the heavy death-roll represents most imperfectly the suffering and distress which consumption entails.

Ten years ago a start was made in the direction of a Consumption Hospital for Edinburgh. Since then an Hospital with fifteen beds and a largely attended outpatient department has been organised. The results obtained have been most gratifying. They have shown that consumption is most tractable in the early stage, and that successful treatment of consumption may be attained in the vicinity of Edinburgh quite as well as in other districts. It is a remarkable and encouraging fact that the percentage mortality of Edinburgh from consumption and respiratory diseases to the total mortality is conspicuously low, as compared with that of the other chief towns of Scotland.

But what are fifteen beds to so many sufferers? With so great an annual mortality, it seems reasonable that the Consumption Hospital should provide for at least one hundred patients, of whom the greater portion should be those in whom cure or amelioration, worthy of the name, might be effected; while the remaining portion—in a separate block—would be patients in advanced stages, whose circumstances and home surroundings made it desirable that they should be thus cared for, both in the interests of themselves and of others.

The provision of a sufficient and properly equipped Consumption Hospital would prove a protection to the healthy portion of the community. The influence of the Victoria Hospital has already been considerable in this direction. Unhappily, in the past, consumption has been engendered and mismanaged through ignorance. People require to learn how to protect and treat themselves. The educative value of a Consumption Hospital, in respect of prevention of the disease, cannot be over-estimated.

In Scotland, Edinburgh had the honour of leading in the establishment of a Consumption Hospital. It is gratifying to know that since then a movement has been made in Glasgow in the same direction. But, after all, only a trifling number of beds are available, and these are constantly occupied. The Committee have before them the profoundly distressing experience of crowds of patients who might be cured or immediately bettered, to whom admission has to be refused for want of room.

Many lives might be saved through the timely arrest of threatening disease, much suffering averted, and consumption gradually exterminated, if only a well-directed crusade were instituted. The base of such operations must be a sufficient hospital. The Committee claim most earnestly the help which is urgently demanded in the interest of the sick and dying poor, for most of whom, at present, no provision exists.

In name of the Committee,

ALEX. CHRISTISON,
President.

REPORT BY ACTING COMMITTEE

OF THE

Victoria Hospital for Consumption and Diseases of the Chest, Edinburgh.

THE Committee have pleasure in submitting their Report for 1897-98. The record of the year's work in each department is most gratifying. The only matter which qualifies their satisfaction is the hampering limitation of accommodation in face of the clamant demands made by the disease.

THE HOSPITAL.

Since autumn 1894, when the Victoria Hospital was opened, up to 31st March 1898, 297 individual cases have been received for indoor treatment. The number of requests for admission which have been submitted is vastly in excess of that figure. Many patients have had to be refused altogether, and others who ought to have been admitted at once have had to wait for months. The Committee regret such delay, and are hopeful that its cause will be soon removed.

The results of treatment continue to be highly satisfactory in the case of those who have been admitted sufficiently early. A considerable proportion have been restored to health—that is, have been able to resume and continue regular work. Many more have been instructed how to treat themselves, and brought well on the way to recovery. With a number of these the Hospital continues in touch, the patients reporting themselves once or twice weekly until the cure is confirmed.

The Committee desire to make it clear that only patients suffering from consumption are received. The complaint brought against some Chest Hospitals, that they are general hospitals in disguise, cannot be lodged in respect of the Victoria Hospital. The one card of admission is the presence of consumptive disease, preference being given to early cases, in which the expectation of recovery is correspondingly good.

The outdoor treatment—the *cure à l'air libre*—continues to form a leading feature of the Hospital. The experience of another year corroborates the previous statement of the Committee, that this system can be carried out with perfect success in spite of the rigour of our winter and spring months.

OUT-PATIENT DEPARTMENT.

The numbers in attendance have been very large. The total number of individual cases since the date of opening has been 6996, and many of these have been in attendance from time to time with renewed benefit. During the past year, for example, several patients presented themselves for advice who were admitted to consultation eight and ten years ago. The Committee have reason to believe that the influence of the Institution is not limited to the individual patients who may be under treatment at any time. The Hospital and the Out-Patient Department have done much by practice, and by the distribution of printed instructions, to spread knowledge regarding the causes and the rational treatment of consumption. There is already noted a marked increase in the number of early cases which present themselves at the Out-Patient Department, and a diminution in the frequency of hopeless ones.

HOME VISITING.

A large proportion of the more advanced and poorer cases must be treated at their own homes. During the past year 6404 such attendances have been reported. This department of the work is under the charge of a

qualified Out-Patient Medical Officer, who visits out-patients who are too poor to obtain medical assistance in the ordinary way, and too ill to come to the Dispensary. In many instances this is sufficient. But in a large number the home conditions render the treatment of dying consumptives in this fashion highly unsatisfactory, both in the interest of the patient himself and of other persons who may be compelled from limited means to live in the same house. The Committee look forward to the time when a separate block of the Consumption Hospital shall be available for the reception of a portion of these cases.

SAMARITAN COMMITTEE.

The doctor's visit has been supplemented among the poorer—often poverty-stricken—cases by the self-denying labours of the ladies of the Samaritan Committee of the Hospital, who have taken in hand the visitation of patients at the Hospital and of many others at their own homes, distributing, in co-operation with the Medical Officers, blankets, warm clothing, and other invalid comforts, where these are needed.

DISPENSING DEPARTMENT.

The treatment of consumption is costly. Suitable medicines and food stuffs are expensive. The Committee have endeavoured to regulate their outlays on as economic a principle as the requirements of the Institution will allow.

REVENUE.

The ordinary income continues to show improvement. The Committee observe with pleasure the increased interest manifested by the increase of subscriptions from country districts. The Balance at the debit of the Revenue Account at 31st March 1897 has been reduced to £670, 8s. 2d. at 31st March 1898. To meet the deficit the Committee earnestly hope that the subscriptions will be increased this year both in number and amount.

EXTENSION.

The limited resources of the Hospital have been utilised to the full, and yet but a fraction of the applicants for admission have been received. Many have had to wait weeks or months for admission. The Committee, therefore, renew the expression of their hope that some philanthropic citizen, impressed by the urgency of the claim, will undertake the extension of the Hospital on a scale worthy of the necessity.

The Committee would thank the many friends who have taken part in the work by subscription or donation. More particularly they desire to acknowledge the following special contributions received during Jubilee year, viz. from Sir Alexander Kinloch, Bart., £50; James Carnegie, Esq., Aytoun Hill, £100; Robert M'Vitie, Esq., £52, 10s.; J. D. Lawrie, Esq., £50; Mrs. Whitson, sen., of Parkhill, £50; and Mrs. Gordon, 29 Melville Street, £50.

Valuable aid has been obtained throughout Scotland by the establishment of Local Auxiliaries for the collection of subscriptions (*see* pages 5-6). The Committee are most grateful to the ladies and gentlemen forming the auxiliaries for their generous labours in helping so materially to extend the usefulness of this National Institution. They have also to record their gratitude to the members of the medical staff and the other office-bearers, the lady superintendent and nurses, the ladies who have volunteered their services in connection with the Samaritan work, and the lady collectors. They would also thank the clergymen whose kind services have been given to the Hospital.

In name of the Acting Committee,

ALEX. CHRISTISON,
President.

EDINBURGH, 31st March 1898.

MEDICAL STATISTICS.

HOSPITAL—INDOOR PATIENTS.

From the date of opening in autumn 1894 till 31st March 1898, 297 patients have been under treatment in the Hospital.

TABLE I.—SHOWING OCCUPATIONS OF PATIENTS.

Asylum Attendants	1	Marine Firemen	1
Bakers	1	Masons	10
Black Borderers	1	Medical Practitioners	1
Blacksmiths	3	Messengers	3
Bookfolders	4	Millworkers	8
Butlers	1	Nondescript	16
Cabinetmakers	1	Nursenaids	10
Canvas Embossers	1	Painters	3
Chemists	1	Paper Rulers	1
Claypipe Makers	1	Plumbers	11
Clerks	19	Policemen	1
Coopers	1	Porters	1
Dairymaids	2	Postmen	1
Dairymen	1	Pressers	1
Domestic Servants	23	Printers and Compositors	14
Dressmakers	18	Road Superintendents	1
Electrotype Finishers	2	Railway Workers	1
Engineers	3	Rubber Workers	2
Engravers	1	School Children	4
Envelope Folders	2	Schoolmasters	1
Fishermen	3	Shopgirls	8
Gardeners	1	Tailors	10
Glassworkers	2	Teachers	4
Governesses	2	Tobacconists	1
Grocers	2	Tram Conductors	1
Grooms	4	Upholsterers	4
Housewives	37	Vanmen	1
Index-cutters	1	Valets	1
Joiners	9	Waiters	3
Labourers	8	Waitresses	1
Lady's Companions	1	Wood Carvers	1
Laundresses	2	Woolsorters	2
Librarians	1		
Machinists	5		
Maltmen	1		
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TABLE II.—SHOWING AGES OF PATIENTS.

From 11-20	97
„ 21-30	128
„ 31-40	44
„ 41-50	27
Over 50	1

TABLE III.—SHOWING SEX OF PATIENTS.

Males	143
Females	154
	<hr/>
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TABLE IV.—SHOWING RESIDENCE OF PATIENTS.

Edinburgh	180
Vicinity of Edinburgh	57
Country—	
Banffshire	1
Berwickshire	4
East Lothian	3
Fifeshire	9
Forfarshire	6
Haddingtonshire	2
Harris	1
Inverness-shire	1
Kincardineshire	1
Kinross-shire	1
Lanarkshire	6
Midlothian	6
Orkney	1
Perthshire	5
Renfrewshire	1
Ross-shire	1
Roxburghshire	2
Shetland	1
Stirling	7
Switzerland	1
	<hr/>
	60
	<hr/>
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OUT-PATIENT DEPARTMENT.

Up to 31st March 1898, 6996 *individual* cases received treatment at the Out-Patient Department.

TABLE I.—SHOWING ATTENDANCES DURING 1897.

	At Institution.	At their own Homes.	TOTAL.
January	293	200	493
February	345	208	553
March	402	217	619
April	286	192	478
May	320	149	469
June	308	152	460
July	305	205	510
August	291	167	458
September	334	186	520
October	329	164	493
November	468	201	669
December	430	252	682
	<hr/>	<hr/>	<hr/>
	4111	2293	6404

TABLE II.—SHOWING DISEASES FROM WHICH PATIENTS SUFFERED.

Pulmonary Tuberculosis	4338	Pleura, Affections of	140
Bronchitis	927	Larynx, Affections of	114
Emphysema, with Bronchitis, Asthma, etc.	290	Affections of related Organs, Throat, Stomach, Bowels, Heart, Kidneys, etc. (a large proportion being tubercular)	973
Oedema of Lungs, with or without Bronchitis, Weak Heart, etc.	183		
Capillary Bronchitis	17		
Croupous Pneumonia	5		
Injury to Chest, and Hernia of Lungs	9		
			6996

TABLE III.—SHOWING OCCUPATIONS OF PATIENTS.

Artists	9	Labourers	510
Athletes	1	Laundresses	41
Bakers	85	Leather Workers	7
Blacksmiths	57	Librarians	2
Bookbinders and Folders	107	Lithographers	5
Brassfinishers	49	Lorrymen and Carters	63
Butchers	31	Maltmen	22
Cabmen and Grooms	79	Masons	320
Carpenters, Joiners, and Woodworkers	272	Millworkers	117
Charwomen	67	Musicians	8
Chemists	11	Nondescript	311
Children (below fifteen)	775	Painters	81
Chimney Sweeps	3	Paper Cutters	29
Clerks and Warehousemen	209	Plasterers	25
Coal Miners and Workers	36	Plumbers	43
Comb and Brush Makers	8	Policemen and Watchmen	15
Corkcutters	12	Porters	101
Dairymen	1	Postmen, Lamplighters, etc.	13
Domestic Servants	243	Printers, Compositors, etc.	196
Engineers and Enginemmen	105	Riggers	3
Firemen	19	Rubber Workers	107
Fishermen and Sailors	104	Salesmen	118
Fishwomen	38	Saleswomen	109
Fitters and Riveters	24	Seamstresses and Dressmakers	172
Gardeners and Farmers	32	Shoemakers	69
Gatekeepers and Messengers	49	Sick Nurses	36
Glasscutters and Grinders	18	Slaters	16
Glaziers and Gilders	16	Soldiers	13
Grocers	37	Spinners	6
Guards	21	Students	8
Gunmakers	8	Tailors and Hatters	172
Hairdressers	27	Tanners and Curriers	18
Hawkers	58	Teachers	45
Housewives	1256	Tinworkers	26
Insurance Agents and Com- mercial Travellers	86	Waiters	57
Ironmoulders and Typefounders	70	Weavers	20
Jewellers and Watchmakers	30	Wireworkers	10
			6996

TABLE IV.—SHOWING AGES OF PATIENTS.

From 1-10	539
„ 11-20	1278
„ 21-30	1916
„ 31-40	1485
„ 41-50	945
„ 51-60	551
Above 60	282
	<hr/>
	6996

TABLE V.—SHOWING SEX OF PATIENTS.

Males	3923
Females	3073
	<hr/>
	6996

TABLE VI.—SHOWING RESIDENCE OF PATIENTS.

Edinburgh	5619
Leith, Newhaven, and Trinity	767
Country	610
	<hr/>
	6996

TABLE VII.—SHOWING DISTRICTS FROM WHICH PATIENTS HAVE BEEN RECEIVED, OTHER THAN EDINBURGH, LEITH, AND IMMEDIATE VICINITY.

Aberdour	4	Dalkeith	11
Addiewell	1	Dalmeny	1
Alexandria	1	Davidson's Mains	5
Alnwick	1	Duddingston	3
Alva	6	Dumbarton	1
Argyllshire	1	Dumfries	4
Auchindinny	1	Dunbar	7
Ayr	1	Dunblane	1
Ayton	1	Dundee	8
Bathgate	2	Dundonald	1
Berwick-on-Tweed	3	Dunfermline	24
Biggar	1	Duns	1
Blackhall	4	Dysart	1
Bo'ness	3	East Calder	2
Bonnyrigg	15	Earlston	3
Blairgowrie	2	Elgin	1
Broxburn	20	England	14
Burntisland	2	Falkirk	7
Caithness	1	Fife	4
Carlisle	2	Forres	1
Cleland	1	Galashiels	6
Cockenzie	77	Garvald	2
Colinton	2	Glasgow	55
Corstorphine	3	Gordon	1
Cowdenbeath	1	Gorebridge	3

TABLE VII.—*continued.*

Govan	1	Montrose	1
Grangemouth	7	Musselburgh and Fisherrow	38
Granton	4	North Berwick	2
Haddington	3	Orkney and Shetland	17
Hamilton	3	Paisley	1
Hawick	2	Peebles	11
Helmsdale	1	Pencaitland	12
Innerleithen	3	Penicuik	12
Inverkeithing	1	Perth	2
Inverness	3	Portobello and Joppa	42
Ireland	1	Prestonpans	18
Jedburgh	1	Queensferry, N. and S.	9
Juniper Green	2	Rosewell	2
Kelso	1	Roslin	1
Kinghorn	1	Ross-shire	1
Kingsknowe	1	Rothsay	1
Kirkcaldy	20	St. Boswells	2
Kirknewton	1	Selkirk	1
Lanark	3	Shotts	2
Lauder	1	Slateford	6
Leslie	1	Stenton	1
Liberton	8	Stirling	4
Linlithgow	2	Tain	1
Livingston	1	Tillicoultry	2
Loanhead	5	Tranent	20
Lochgelly	1	Uphall	2
Lockerbie	2	Wales	1
Longniddry	1	Walkerburn	1
Markinch	1	West Calder	3
Midcalder	8	Australia	1
Milton Bridge	1		
Moffat	1		

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ABSTRACT OF THE TREASURER'S ACCOUNTS, from 31st March 1897 to 31st March 1898.

I.—GENERAL REVENUE AND EXPENDITURE ACCOUNT.

CHARGE.

I. Revenue received—

1. Subscriptions and Donations—

(1) Edinburgh, as on page 34	£872 1 0
(2) Leith, Trinity, and Wardie, as on page 35	26 16 6

(3) Country Districts, as on page 45	£898 17 6
(4) Miscellaneous, as on page 46	728 0 11
	125 11 0

2. Interest and Dividends	£1,752 9 5
3. Income Tax repaid by Government	154 11 5
	3 3 4

II. Balance at debit of Account at 31st March 1898	£1,910 4 2
	670 8 2

DISCHARGE.

I. Payments chargeable against the Revenue—

1. Payments in connection with the Hospital—

(1) Rent, Taxes, and Insurance	£125 0 10
(2) Provisions	446 12 3
(3) Salaries and Allowances to Resident Staff	140 0 0
(4) Servants' Wages	72 8 3
(5) Coals and Gas	77 11 5
(6) Furnishings and Repairs	64 2 2
(7) Medicines and Medical Appliances	137 19 7
(8) Lodge-keeper's Wages	54 0 0
(9) Expenses in connection with Garden and Grounds	11 15 11
(10) Telephone Rent, £6, 5s.; Matron's Sundries, £23, 12s. 3d.; and Miscellaneous, £14, 16s. 5d.	44 13 8
	£1,174 4 1

2. Payments in connection with the Dispensary—

(1) Rent, Taxes, and Insurance	£48 17 2
(2) Salaries to Medical Assistant	62 0 0
(3) Coals and Gas	9 13 3
(4) Furnishings and Repairs	1 0 5
(5) Caretaker's Wages	41 0 0
(6) Medicines	210 4 11
(7) Telephone Rent, £5; Caretaker's Sundries, £7; and Miscellaneous, 7s.	12 7 0
	385 2 9

3. Printing and Advertising	44 7 0
4. Expenses of Collections	134 14 1
5. Expenses of Management	26 5 0
6. Stationery, Postages, and Miscellaneous Expenses	16 4 0
	£1,780 16 11
	799 15 5
	£2,580 12 4

II. Balance at debit of Account at 31st March 1897

	£2,580 12 4
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II.—HOSPITAL FUND.

CHARGE.		DISCHARGE.	
I. Balance at credit of Fund at 31st March 1897, per last Abstract	£5,155 12 6	I. Expenses of Investments	£9 2 6
II. Legacies received	30 0 0	II. Balance at credit of Fund at 31st March 1898.	5,176 10 0
	<u>£5,185 12 6</u>		<u>£5,185 12 6</u>

III.—ENDOWMENTS FUND.

CHARGE.		DISCHARGE.	
I. "Howard Graham Usher Bed"	£1,000 0 0	I. Balance at credit of Fund at 31st March 1898	£1,500 0 0
II. Received from Julius H. Bellby, Esq., the Income available for Ordinary Expenditure	500 0 0		<u>£1,500 0 0</u>
	<u>£1,500 0 0</u>		

EDINBURGH, 4th August 1898. — I have examined the Account of the Intrmissions of the Treasurer of the VICTORIA HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST for the year ending 31st March 1898, of which the above is an Abstract, and have found it correct.

EDWARD BOYD, C.A., Auditor.

ILLUSTRATIVE CASES.

T. R., a chemist's assistant, age twenty-three, admitted into Hospital, July 1895, suffering from consumption both of chest and throat, his voice gone, and his condition such as to utterly incapacitate him for work. He did well while in Hospital, regained his voice, and put on flesh. After leaving he continued to live on the lines he had been taught, with the result that he is now in perfect health, following his occupation in a town in the north.

W. K., plumber's apprentice, age seventeen, admitted into Hospital, August 1895, with both lungs affected. He made a most satisfactory recovery, and after leaving Hospital, acting on the advice given him, went for a trip to the Mediterranean. The sea suited him so well that he gave up his old occupation, and is now employed as a steward.

E. G., electrical mechanic, age twenty-one, admitted November 1895. The condition of this patient's lungs was so bad that there seemed little hope of his life being spared. He improved, however, and after being kept under observation for a long time, and carrying on the treatment, he was able to return to work about a year ago, and is now keeping very well.

W. N., teacher, age nineteen, admitted May 1896. Had been obliged to give up his work owing to consumption, with bleeding from the lungs. He improved immensely during residence in Hospital, gaining strength and weight. The improvement has been steadily maintained, and he is now at his old work, looking perfectly strong and fit.

Rules for Consumptive Patients and Those Looking after Them.

(As issued to Out-Patients at the Victoria Hospital.)

Consumption is a communicable disease. It may pass from person to person. It may pass from one lung to the other, or from one organ to another.

The chief source of infection is the expectoration of the consumptive. The great danger lies in the drying of the expectoration, and the blowing about of the dried infectious material.

The spread of consumption can be largely prevented. *If the succeeding directions be obeyed, there need be no serious danger in ordinary intercourse with patients. The breath of the consumptive is not directly infectious.*

The patient should expectorate into a jar or cup containing a tablespoonful of carbolic acid (1 to 20) or other disinfectant.

The vessel should be changed once in twelve hours, or oftener. It should be cleansed by being filled up with *boiling* water. The combined contents should be poured down the w.c. The vessel should then be washed with *boiling* water.

When the patient is out of doors, he should carry a pocket spitting flask (such as Dettweiler's, or the Victoria Hospital simpler model). The flask should be used and cleansed like the jar. The patient should never spit on the streets.

The patient should not use handkerchiefs for expectoration. If this ever has to be done, the handkerchief should be of an inexpensive material, that it may be burned after use. Squares of rag or paper, which may be used for convenience, should be similarly treated.

The expectoration should on no account be swallowed, for thereby the disease may pass to other organs.

Consumptive patients should avoid kissing.

Consumptive mothers should not suckle.

If expectoration has been accidentally deposited on the floor or other object, it should be wiped up and burned, and the surface of the object cleansed with strong antiseptic.

Rooms which have been long occupied by a consumptive patient should, before occupation by someone else, be carefully disinfected, as after other infectious disease.

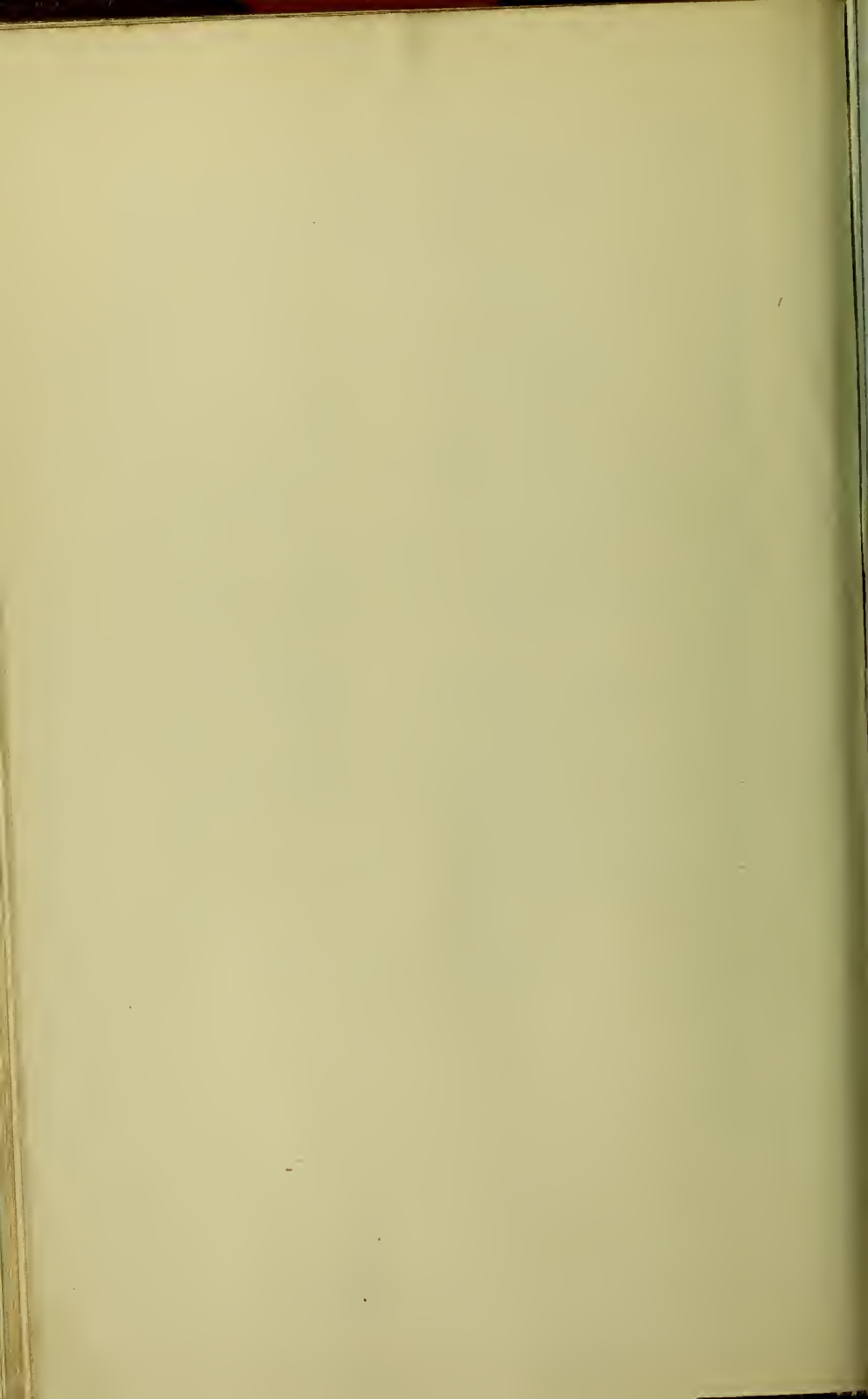
FRESH AIR is the food of the lungs. Therefore, see that the lungs be not starved.

A.—By Day.—The patient should occupy as airy a room as possible. It must be scrupulously dry, and preferably removed from the ground. The window should be freely open. When able, the patient should be out of doors once or several times during the day. He must avoid over effort, and damp, or chill, which would counteract the benefit.

B.—By Night.—He should sleep alone. The bedroom should be large and airy. The window should be kept open, less or more according to the season.

V.—CLOTHING, FOODS, MEDICINES, Etc.

The Committee have gratefully to acknowledge the receipt from several kind friends of gifts of clothing, blankets, furniture, books, nourishing foods, medicines, wines, etc., and to all such benevolent donors the Committee take this opportunity of returning their best thanks. In doing so they beg to commend this practical manifestation of interest to the friends of the Institution, as providing an important addition to the efficiency of the Dispensary among the subjects of chronic wasting disease.



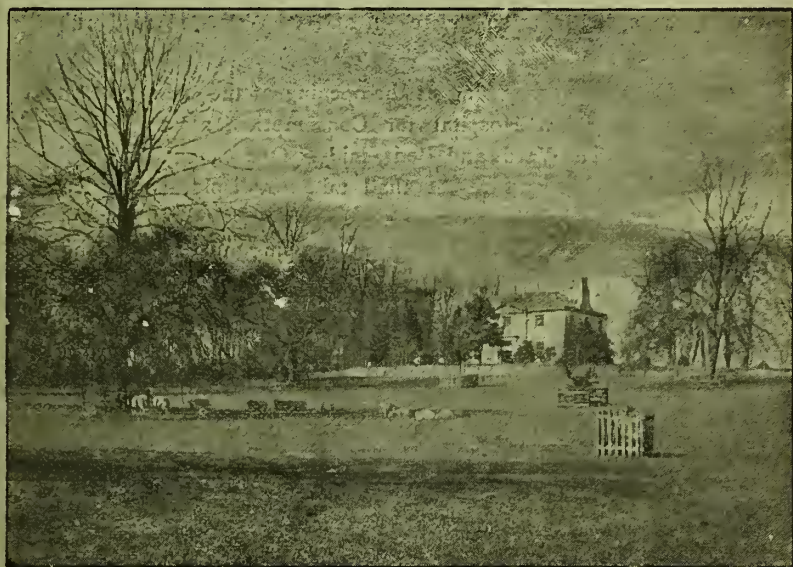
THE OUT-PATIENT DEPARTMENT, 26 LAURISTON PLACE, is open for the Reception of Patients on MONDAYS, WEDNESDAYS, and FRIDAYS, from 3 to 4 p.m.; and for the Dispensing of Medicines Daily (except Sunday), from 10 to 10.30 a.m., and on Mondays, Wednesdays, and Fridays, from 6 to 6.30 p.m.

THE VICTORIA HOSPITAL

FOR

CONSUMPTION

CRAIGLEITH, EDINBURGH



REPORT FOR YEAR 1898-99

Out-Patient Department—

26 LAURISTON PLACE, EDINBURGH

In Memoriam Wards and Beds.

THE Trustees will be pleased to gratify the wish of any Donors who may desire to endow and name a Ward or single bed in the Victoria Hospital. They purpose, therefore, to affix to beds in perpetuity the name of any benefactor of the Hospital to the extent of £1000 by donation or legacy, who so desires it, and to Wards in recognition of larger donations.

Lord Derby, when presiding at the opening of the New Extension Building to Brompton Hospital for Consumption, alluding in his speech to Memorial Wards and Beds, said—"One cannot dictate the form which affection and regret shall take to display themselves; every one must make their own choice; but for myself, I cannot conceive a more satisfactory method of keeping alive the memory of a lost relative or friend, than by attaching his or her name permanently and inseparably to an institution which is intended to relieve suffering, and which for many generations to come may be a benefit to the living as well as a remembrance of the dead."

FORM OF LEGACY OR BEQUEST.

I give and bequeath to the VICTORIA HOSPITAL FOR CONSUMPTION, CRAIGLEITH, EDINBURGH, payable to the Treasurer of the Institution for the time being, the sum of
free of legacy duty.

THE
VICTORIA HOSPITAL
FOR
CONSUMPTION
CRAIGLEITH, EDINBURGH

Patrons and Patronesses.

THE DUKE OF ARGYLL.
THE EARL OF ABERDEEN.
THE LADY MARY HOPE.

THE LADY SUSAN GRANT SUTTIE.
HON. LORD KINNEAR.
HON. LORD KYLLACHY.

REPORT FOR YEAR 1898-99

Out-Patient Department—
26 LAURISTON PLACE, EDINBURGH

OFFICE-BEARERS.

President.

SIR ALEXANDER CHRISTISON, BART.

Vice-President.

SIR GEORGE WARRENDER, BART.

Trustees.

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CHARLES J. GUTHRIE, Esq., Q.C.

JAMES MYLNE, Esq., Writer to the Signet.

R. R. SIMPSON, Esq., Writer to the Signet.

General Committee.

ARTHUR ALISON, Esq., Advocate, 3 Moray Place, Edinburgh.

Dr. JOSEPH BELL, F.R.C.S., 2 Melville Crescent, Edinburgh.

Rev. ROBERT BLAIR, D.D., St. John's Parish Church, Edinburgh.

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Rev. GEORGE PHILIP, D.D., Free St. John's Church, Edinburgh.

* Dr. R. W. PHILIP, F.R.C.P., 45 Charlotte Square, Edinburgh.

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* R. R. SIMPSON, Esq., W.S., 8 Bruntsfield Crescent, Edinburgh.

W. C. SMITH, Esq., Advocate, 57 Northumberland St., Edinburgh.

* Prof. HUNTER STEWART, D.Sc., 9 Learmonth Gdns., Edinburgh.

Prof. Sir THOS. GRAINGER STEWART, M.D., F.R.C.P., Edinburgh.

JOHN WARRACK, Esq., 14 Carlton Terrace, Edinburgh.

Sir GEORGE WARRENDER, Bart., Bruntsfield House, Edinburgh.

JOHN WILSON, Esq., Advocate, 9 Drumsheugh Gdns., Edinburgh.

Rev. J. H. WILSON, D.D., Barclay Church, Edinburgh.

HENRY J. YOUNGER, Esq., of Benmore, Edinburgh.

Those marked * form the Acting Committee.

Samaritan Committee.

Miss ALISON, 3 Moray Place.
 Mrs. BALFOUR, Dawyck, Stobo.
 Miss A. BURNS, Milrig, Braid Road.
 Mrs. MARCUS DODS, 23 Great King Street.
 Mrs. DUNCAN, 37 Buckingham Terrace.
 Miss FORMAN, 12 Merchiston Park.
 Mrs. AUCKLAND GEDDES, 14 Ettrick Road.
 Mrs. G. H. GEDDES, 8 Douglas Crescent.
 Mrs. L. A. GUTHRIE, 9 Lynedoch Place.
 Mrs. HISLOP, Castle Park, Prestonpans.
 Miss LANG, 40 Ann Street.
 Miss LOWSON, 17 Randolph Crescent.
 Miss L. MACKENZIE, 21 Learmonth Terrace.
 Miss MELVILLE, 12 Moray Place.
 Miss MYLNE, 3 Great Stuart Street.
 Mrs. R. W. PHILIP, 45 Charlotte Square.
 Miss A. J. ROLLAND, 16 Alva Street.
 Miss THORBURN, 12 Hermitage Place, Leith.
 Miss MACLAGAN WEDDERBURN, 3 Glencairn Crescent.
 Miss WELSH, 51 George Square.
 Mrs. WHITSON, Sen. of Parkhill, 20 Coates Crescent.

Honorary Physicians.

R. W. PHILIP, M.A., M.D., F.R.C.P., 45 Charlotte Sq., Edinburgh.
 G. L. GULLAND, M.D., F.R.C.P., 6 Alva Street, Edinburgh.

Honorary Surgeon.

DAVID WALLACE, M.B., F.R.C.S., 11 Rutland Street, Edinburgh.

Resident Physicians.

J. W. MACINTOSH, M.B., Ch.B.
 HENRY BELASCO, M.B., C.M.

Non-Resident Clinical Assistant.

ALEX. H. MACPHERSON, L.R.C.P. & S.E.

Lady Superintendent.

Miss GUY.

Honorary Secretaries.

WALLACE & GUTHRIE, W.S., 1 North Charlotte Street, Edinburgh.

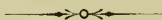
Treasurer.

GEORGE H. CARPHIN, C.A., 54 Queen Street, Edinburgh.

Auditor.

EDWARD BOYD, C.A., 23 Thistle Street, Edinburgh.

LADY PRESIDENTS AND PATRONS OF COUNTRY AUXILIARIES.



- Aberdeenshire*—Mrs. FARQUHARSON of Houghton, Netherton, Meigle.
Arbroath—Mrs. LINDSAY CARNEGIE, Kinblethmont.
Ardrossan—The COUNTESS OF EGLINTON, Eglinton Castle.
Auchtermuchty—Mrs. FAIRLIE, Myres Castle.
Bonkyl and Ednam—Mrs. SANDYS LUMSDAINE, West Blanterne.
Caitness-shire—The DUCHESS OF PORTLAND, Langwell.
Clackmannanshire—The COUNTESS OF MAR AND KELLIE, Alloa House.
Coupar-Angus—Mrs. GRAHAM MENZIES, Hallyburton.
Cramond and Davidson's Mains—Mrs. ADAM CROSS, Craigiehall, Cramond Bridge.
Dalkeith—The MARCHIONESS OF LOTHIAN.
Duns—The Hon. LADY MILLER, Manderston.
Forfarshire—The COUNTESS OF STRATHMORE, Glamis Castle.
Humbie—The Hon. Mrs. SCOTT, Humbie House.
Jedburgh and District—ALEX. WADDELL, Esq., Palace (*Patron*).
Kinross-shire—Mrs. REID, Thomanean.
Kirkliston—Mrs. HOG, Newliston.
Kirknewton—Mrs. HAMILTON, Cairns.
Lasswade and Polton—
Lesmahagow—The Hon. Mrs. BINGHAM, Stoneybyres House.
Lilliesleaf—Miss AGATHA G. M. SPROT, Riddell.
Linlithgow—Mrs. MELVILLE, Lochcote House.
Linlithgowshire—The COUNTESS OF HOPETOUN.
Melrose—The COUNTESS OF DALKEITH, Eildon Hall.
Muthill—Miss SPIER, Culdees Castle.
Newport—Miss LENG, Kinbrae.
Orkney and Shetland—The COUNTESS OF ZETLAND, Kerse House, Falkirk.
Peeblesshire—Mrs. THORBURN, Glenormiston.
Pencaitland—The Hon. Mrs. HAMILTON OGILVY, Winton Castle.
Perthshire—LADY GEORGINA MACKENZIE, Balboughty.
Pitlochry—Mrs. MACBETH, Bank of Scotland House.
Pittenweem—LADY AVA-CAMPBELL, Gibliston.
Ratho and Dalmahoy—Miss BULLOCK, The Parsonage.
Rosslyn—LADY DRUMMOND, Hawthornden.
St. Boswells, Mertoun, and Bowden—Miss M. T. BAILLIE, Dryburgh House.
Stow—Miss MILROY, Torsonce.
Sumburgh (Shetland)—Mrs. BRUCE.
Sutherlandshire—The DUCHESS OF SUTHERLAND, Dunrobin Castle.

LADY COLLECTORS.

I. EDINBURGH.

- | | |
|-----------------------------------------------|--------------------------------------------------|
| Alison, Miss, 3 Moray Place. | Jones, Miss K. W., 29 Mayfield Terrace. |
| Allan, Miss, 25 Lauder Road. | Legget, Miss, 2 Ravelston Terrace. |
| Bell, Misses, 4 Buckingham Terrace. | Lennox, Miss, 19 W. Nicolson Street. |
| Blackstock, Miss A., 44 Fountainhall Road. | Logan, Miss, 25 Rutland Square. |
| Bow, Miss, 72 Bruntsfield Place. | M'Crie, Miss, 25 Pitt Street. |
| Burnside, Miss M., 3 Marchhall Cres. | Macdonald, Miss C., 82 Thirlestane Road. |
| Burroughs, Miss A., 10 Stanhope Pl. | Mather, Miss H. M., The Lee, Colinton Road. |
| Carphin, Miss Jane, 24 Northumberland Street. | Murray, Miss, 22 Walker Street. |
| Donald, Miss Mary, 9 Whitehouse Ter. | Philip, Miss, 52 Blacket Place. |
| Edgar, Miss, 5 Barnton Terrace. | Rae, Miss, 5 Cluny Avenue. |
| Fairbairn, Miss M., 88 Dalkeith Road. | Rolland, Miss A. J., 16 Alva Street. |
| Forman, Miss, 12 Merchiston Park. | Smith, Miss, 47 Lauder Road. |
| Gamgee, Miss, 9 Rothesay Terrace. | Sym, Mrs. J. D., 73 Great King Street. |
| Guthrie, Miss, Almora, Colinton. | Thorburn, Miss E. M., 12 Hermitage Place, Leith. |
| Guthrie, Miss A., 6 Churchhill. | Waldie, Miss, Birnam Lodge, Trinity Road. |
| Harrison, Miss, 4 Leamington Road. | |
| Henderson, Miss J. M., 2 Magdala Crescent. | |

II. COUNTRY.

- | | |
|--------------------------------------------------------|----------------------------------------------------|
| Adams, Miss Vere, Friarsfield, Lanark. | Beloe, Miss, Home Place. |
| Aikman, Miss, Whitehill, New Bathgate. | Black, Miss, Cortachy Ho., Kirriemuir. |
| Aitken, Miss, Drumelzier House, Broughton. | Blair, Miss, Ramshorn Cottage, Dollar. |
| Allen, Miss, Strowan Cottage, Peebles. | Blair, Miss Alva, Markinch. |
| Anderson, Miss, F.C. Manse, Polmont. | Blair, Mrs. Rodger, Glenhead, Greenbrae, Dumfries. |
| Annandale, Miss, Foulden, New Mains, Berwick-on-Tweed. | Boyd, Miss I. C., Gairneyfield, Corstorphine. |
| Arthur, Miss, Balcaster, Slamannan. | Bromfield, Miss Rosalie, Mount House, Tweedmouth. |
| Baillie, Miss, Newburgh House, St. Boswells. | Brown, Miss, Howally, Hillside, Birsay. |
| Bain, Miss, Hawthorn Cottage, Bannockburn. | Brown, Miss, Rossie, Auchtermuchty. |
| Bairnsfather, Miss, Beechwood, Coupar-Angus. | Brown, Mrs., Ceres Manse, Cupar-Fife. |
| Baldie, Mrs., The Manse, Sandwick. | Brown, Mrs. Lennox, Glencorse, Milton Bridge. |
| Baldwin, Miss, 4 Devon Ter., Berwick. | Bruce-Gardyne, Miss, of Middleton, Arbroath. |
| Balfour, Miss, Breck, Rendall. | Bullock, Miss, Parsonage, Dalmahoy. |
| Balfour, Miss, Ingleby, Kirkcaldy. | Bulman, Miss, Denholm Hall, Denholm. |
| Balfour, Miss, Temple Cottage, Largo. | Burness, Miss, Panmure Ter., Montrose. |
| Ballantine, Miss Lena, East Parting, Bo'ness. | Bush, Mrs., Auchrannie, Brodick, Arran. |
| Ballantyne, Miss, Stoney Hill, Walkerburn. | Caddell, Miss, Cockenzie House, Cockenzie. |
| Bayne, Miss, Rait, Errol. | Cæsar, Miss, The Delvine, Amisfield, Dumfries. |

- Cairns, Miss A., Bogangreen, Colding-
ham.
 Caithness, Miss, Grove Cottage, Moni-
feth.
 Calder, Miss, Avenal, North Berwick.
 Campbell, Miss, Aoradh, Islay.
 Campbell, Miss, Margrie, Borgue,
Kirkcudbright.
 Campbell, Mrs. Royal Hotel, Sla-
mannan.
 Campbell, Mrs. D., 4 Clouds, Duns.
 Carnegie, Miss, Burn Cottage, Forfar.
 Carnegie, Mrs. Lindsay, Arbroath.
 Charteris, Miss, High St., New Galloway.
 Cheape, Lady Griselda, Strathtyrum,
St. Andrews.
 Chisholm, Miss, Mordington Lodge,
Berwick-on-Tweed.
 Church, Miss, Nethernd Lodge, Dol-
phinton.
 Clark, Miss, Blackstep, Dunscore.
 Clark, Mrs. Bennett, Newmills House,
Balerno.
 Connell, Mrs., Ivybank, Peebles
(*Treasurer*).
 Cook, Miss, Clunie, Newburgh.
 Cook, Miss, Manse, Kilchoman, Islay.
 Coventry, Mrs., Kinross.
 Coventry, Mrs., Shanwell, Milnathort.
 Cowper, Miss, Glattness, Kirkwall.
 Crichton, Miss, Logan Bk., Cupar-Fife.
 Cross, Mrs. Adam, Craigiehall, Cramond
Bridge (*Treasurer*).
 Cullen, Mrs., Tweedmount, St. Boswells.
 Cullen, Mrs. Dr., St. Boswells, Thurso.
 Currie, Miss, East Main Street,
Whitburn.
 Currie, Miss, Laurel Cot., Closeburn.
 Currie, Misses, Collin.
 Cuthbert, Miss, Achindunie, Alness.
 Dalglish, Mrs., Keavil, Dunfermline.
 Davidson, Miss, Auchintore, Fort-
William.
 Davidson, Miss, 31 Cairnie Street,
Arbroath.
 Davidson, Miss, Linton Mill, Kelso.
 Deas, Miss, Cove Cottage, E. Wemyss.
 Dickson, Miss, White Ho., Kirkcowan.
 Dickson, Mrs. (*Local Treasurer*), Rose
Bank, Haddington.
 Donald, Mrs., Boyndie Street, Banff.
 Douglas, Miss Isa, Glenerne, Park
Circus, Ayr.
 Douglas, Mrs., Killiechassie, Aberfeldy.
 Drummond, Miss, Drummond House,
Moffat.
 Dunn, Miss, 3 Castle Street, Fortrose.
 Edgar, Mrs., Bank Cot., Kirkcudbright.
 Elliot, Miss, P. O., Melrose.
 Euman, Mrs., Bridge End House,
Innerleithen.
 Fairfax, Lady, 5 Granley Place,
London, S.W.
 Falconer, Miss, Schoolhouse, Houstry,
Dunbeath.
 Falconer, Mrs., F.C. Manse, Carnbee,
Pittenweem.
 Farquharson, Mrs., Netherton, Meigle.
 Ferguson, Miss, Gas Works, Inveraray.
 Ferguson, Misses, Collin.
 Fernie, Miss Grace, East Wemyss.
 Finlayson, Mrs., Scourie Lairg.
 Fisher, Miss, Shotts House, Shotts.
 Fletcher, Mrs. and Miss Ella, Saltoun
Hall, Pencaitland.
 Forbes, Miss Jessie, Milltown, Reay.
 Forrest, Miss, Kirkliston.
 Fraser, Miss C., Craig Durley, Cramford.
 Fyffe, Miss, The Hunchar, Glenogil,
Kirkriemuir.
 Galloway, Miss, Seggie House, Guard-
bridge.
 Gemmille, Miss, Greendykes, Mac-
merry.
 Gibson, Miss, 4 Langlands, Dumfries.
 Gordon, Miss, Schoolhouse, Auldgirth,
Dumfries.
 Gordon, Mrs., The Manse, Edgerton.
 Graham, Miss Frances, Larbert House,
Larbert.
 Gray, Miss, Drummond Street, Comrie.
 Gray, Mrs. W. W., of Nunraw, Garvald,
Prestonkirk.
 Hamilton, Mrs., Cairns, Kirknewton.
 Hardy, Miss, Harpertown, Kelso.
 Harper, Miss, Bellevue, Keir.
 Harries, Mrs., Victoria Ter., Menstrie.
 Henderson, Misses, Schoolhouse, Gran-
tully.
 Henderson, Mrs., The Retreat, Fala
Dam, Blackshiels.
 Henry, Miss, Shaws Farm, Ettrick,
Selkirk.
 Hilson, Miss, Sunnyside.
 Hislop, Miss, Croft View, Symington.
 Hume, Mrs., Ellerslea, Dunblane.
 Inches, Miss M., Hope Park, Blairgowrie.
 Inglis, Miss, Westwood Ho., Reston.
 Jack, Miss, Russell Cottage, Leslie.
 Jack, The Misses, Dunsyre Mains.
 Johnston, Miss, Huntington, Blanslee.
 Johnston, Miss M., Dowally Lodge,
Murrayfield.
 Johnston, Mrs., The Manse, Uphall.
 Johnstone, Miss, Polwarth, Duns.
 Keay, Miss, Findon, Conon Bridge.
 Kcillor, Miss, Todhills, Tealing.
 Kennedy, Miss, 5 Cumming St., Forres.
 Kerr, Lady Ann, Woodburn, Dalkeith.
 Lauder, Miss, Invercloy, Dunblane.
 Lindsay, Miss, West Mains, Kinbleth-
mont, Arbroath.

- Lindsay, Miss, Drumslead, Fordoun.
 Lindsay, Miss, North Burn, Tundergarth.
 Louden Miss, Arthurden, Polmont.
 MacAulay, Miss, Trumisgarry, Lochmaddy, N. Uist.
 M'Beth, Miss, Bank of Scotland House, Pitlochry.
 M'Credie, Miss, Balsmith, Whithorn.
 M'Diarmid, Miss, Iomaire Ian, Callander.
 Macdonald, Miss, Lorne Cottage, Iona.
 Macdonald, Miss, Marybank Cottage, Dornock.
 Macduff, Miss, Tomnagrew, Strathbraan, Dunkeld.
 M'Fadyen, Mrs., 58 Academy Street, Inverness.
 Mackenzie, Lady Marjorie, Balboughty, Perth.
 M'Kenzie, Miss, Hawthorn Cottage, Taynuilt.
 Mackenzie, Mrs., Lochboisdale Hotel, S. Uist.
 Mackinnell, Miss, High Street, Avoch.
 M'Kinnell, Miss, Schoolhouse, Kilmartin, Lochgilphead.
 M'Lean, Miss, Baillies Buildings, Castletown.
 Maclellan, Miss, U.P. Manse, Denny.
 M'Lennan, Miss, Cyder Hall, Dornoch.
 MacLennan, Miss, Glenoran, Beauly.
 M'Leod, Mrs., Kintarbert Lodge, Tarbert.
 Macmillan, Miss Boyd, Free Manse, Ullapool.
 Macnab, Miss, Forgue Ho., Blairgowrie.
 M'Nair, Mrs., Millerhill, Dalkeith.
 Macnaughton, Miss, Dunblair, Strathay.
 M'Phail, Miss, Ardachy Cot., Taynuilt.
 Macpherson, Miss, Malvern, Nethy Bridge.
 Malcolm, Miss, Mains, Latheronwheel.
 Manson, Miss, Greenfield, Cunningsburgh, Shetland.
 Maxwell, Miss, Cupar Road, Auchtermuchty.
 Maxwell, Miss, Terraughtie, Dumfries.
 Melville, Miss Emma, Calman Villa, Ardrishaig.
 Melville, Mrs., Lochcote House, Linlithgow.
 Mickel, Miss, Bonnyton.
 Millar, Mrs., Rossie Castle, Montrose.
 Miller, Miss, Kelloe Cottage, Edrom.
 Millen, Miss, The Rest, Tayport.
 Mills, Miss, Tarbrax, Cobbinshaw.
 Milne, Mrs., The Manse, Kinloch, Blairgowrie.
 Milroy, Miss Betty, Torsonce, Stow.
 Moffat, Miss, Burnthill, Walls, Shetland.
 Moir, Miss, Orlebar House, Glen Road, Dunblane.
 Moodie, Miss, Busta, Brae, Shetland.
 Mordue, Miss Daisy, The Parsonage, Ardrossan.
 Morgan, Miss, Nochary, Auchtermuchty.
 Morris, Miss, Reiss Lodge, Wick.
 Mortimer, Miss, Ellands, Brodie, Forres.
 Muir, Miss, Garibaldi Cottage, Fauldhouse.
 Munro, Miss, F.C. Manse, Port-Ellen, Islay.
 Munro, Miss, The Village, Dunbeath.
 Murphie, Miss, Johnstone Bridge, Lockerbie.
 Murray, Miss, High Street, New Galloway.
 Murray, Miss, Schoolhouse, Aultbea.
 Newall, Miss Mary, Woodburn House, Dalbeattie.
 Nisbet, Miss, Juniper Green.
 Ogilvie, The Lady Griselda, Alyth.
 Ogilvy, Mrs. N. Hamilton, Winton Castle, Pencaitland (*Treasurer*).
 Oliver, Mr. R., Lochside, Kelso.
 Oliver, Mrs., Hoselaw, Kelso.
 Orr, Miss, St. Margaret's, N. Berwick.
 Osborne, Miss, Ballochrodie, Kirkcolum.
 Pairman, Miss, Nat. Bank Ho., Biggar.
 Paterson, Miss, Hillhead Farm, Muckhart.
 Paterson, Mrs., Ellenbank, Kirkcudbright.
 Paton, Miss Ella Forrester, Claremont, Alloa.
 Pearson, Miss, Clochridge Stone, Glenfarg.
 Pinkerton, Miss, Kincarrathie Crescent, Perth.
 Pitcairn, Mrs., 9 Abbotsford Crescent, St. Andrews.
 Porter, Miss, Maryfield, Battlefield, Huntly.
 Porter, Miss Mabel, Elsing House, S. Crescent, Ardrossan.
 Pratt, Miss Forster, Avenue House, Hornecliffe-on-Tweed.
 Rankine, Miss, New Galloway.
 Reid, Miss, Hawkhill, Keiss.
 Reid, Miss, Thomanean, Milnathort.
 Reid, Miss, Tyneholm.
 Ritchie, Miss, Littleton, Inchtute.
 Rogerson, Miss, Lancashire House, Dalbeattie.
 Rogerson, Misses, Broomhills, Annan.
 Robertson, Miss, Fountainhall House, Pencaitland.
 Ross, Miss, Ballone, Boath.

Ross, Miss, Glenfield, Kingussie.
 Ross, Miss, Lismore Place, Kirkcaldy.
 Ross, Miss A., Easterferry, Dunkeld.
 Ross, Miss Dinah, Quatre Bras,
 Lybster, Caithness.
 Ross, Miss May, Dunkeld Road,
 Bankfoot, Perth.
 Ruthven, Miss, Clayhouse, Gorebridge.
 Sanderson, Misses, Galashiels.
 Scott, Miss, Lennel, Coldstream.
 Scott, Mrs., Eastertyre Ho., Ballinluig.
 Sime, Miss, Colinsburgh.
 Sinclair, Miss Lizzie, P. O., Cockenzie.
 Smith, Miss, 6 Commercial Street,
 Lerwick.
 Smith, Miss, Myreside, Haddington.
 Smith, Miss, National Bank House,
 Leven.
 Smith, Miss, Workwell, Petertown,
 Orphir.
 Smith, Miss Gardiner, Georgeville,
 Midcalder.
 Smith, Mrs., Church Street, Broxburn.
 Sprot, Miss Agatha G. M., Riddell,
 Lilliesleaf.
 Staward, Miss, Belwood, Milton Bridge.
 Steedman, Mrs., Commercial Bank
 House, Douglas.
 Stephen, Miss, Langlogie, Meikle.
 Stevenson, Miss, Avoch.
 Stevenson, Miss, Birgham, Coldstream.
 Stevenson, Miss, Island Farm, Both-
 kennar.
 Stevenson, Miss, The Manse, Glamis.
 Stodard, Miss, Winton Hill, Pencait-
 land.
 Stoddart, Miss, Broomhill Villa,
 Greenlaw.
 Strathearn, Miss, Ferry Hotel, S. Alloa.
 Sutherland, Miss, Vidlin, Shetland.
 Swan, Miss, Golspie.
 Tait, Miss M. P., Gorebridge.

Taylor, Miss, Middleton Bank, Black-
 ford.
 Taylor, Mrs. Pringle, Dunsmore, Cor-
 storphine (*Treasurer and Collector*).
 Templeton, Miss, Seafeld Arms Hotel,
 Cullen.
 Thomas, Miss, Wellington Pl., Alloa.
 Thomson, Miss Flora, Temperance
 Hotel, Inveraray.
 Thomson, Miss, Burnside Cottage,
 Blackridge.
 Thomson, Miss, High St., Strathmiglo.
 Thomson, Miss, Hikwa, Thornhill.
 Thomson, Miss, Whinkerstones, Duns.
 Thomson, Miss, Whinny Knowe, Cowie
 Colliery.
 Turnbull, Mrs., Auchencairn, Castle-
 Douglas.
 Tweedie, Miss, Loanhead Farm,
 Cobbinshaw.
 Walker, Mrs., Flavering, Errol.
 Watson, Miss, Byreburn, Canonbie.
 Watson, Mrs., Lurdenlaw, Kelso.
 Whale, Miss, Eden Villa, Ladybank.
 Wight, Mrs., Glenleven Villa, Kenno-
 way, Windygates.
 Wilkie, Miss, 81 High Street, Cowden-
 beath.
 Wilson, Miss, Crailing Gdns., Jedburgh.
 Wilson, Mrs., Park House, Kincardine-
 on-Forth.
 Wiseman, Mrs., The Anchorage,
 Lossiemouth.
 Wood, Miss, Balhousie Terrace, Perth.
 Wood, Miss, Chesterhall, Longniddry.
 Wood, Miss, The Palace, Falkland.
 Wylie, Miss, Cairney Hill, Bankfoot.
 Young, Miss, Abbotsford, Kirkcaldy.
 Young, Miss, Dalswinton, Kirkmahoe,
 Dumfries.
 Young, Mrs. W. L., Belvidere, Auch-
 terarder.

APPEAL.

ALMOST 7000 persons die annually in Scotland from pulmonary consumption. In Edinburgh alone, consumption kills some 500 persons each year. In other words, of every 100,000 of the population, approximately 170 die from this disease. This is a

Death-Roll
from Con-
sumption.



BEDROOM IN VICTORIA SANATORIUM.

mortality greater than that from all the fevers put together.

This appalling death-roll represents most inadequately the suffering and distress which consumption entails. To ascertain the number of persons affected by consumption at a given time, we are well within the mark if we multiply the annual mortality from the disease by ten. So far as Edinburgh is concerned,

Suffering as
well as Death.

this means that at the present moment there cannot be less than 5000 patients struggling with the fell disease. Broken down in health, unfit for regular work, and impoverished in pocket, these poor sufferers wage an unequal warfare.

Consumption
is a Prevent-
able Disease.

It cannot be too fully insisted on that consumption is in large part preventable. It is also curable in many cases. The present-day position in regard to consumption is a more enlightened one than that in relation to many of the fevers. The essential cause of pulmonary consumption is well known. In the tubercle bacillus we have the actual cause. In addition, certain well understood auxiliary factors have to be regarded.

Consumption
is Curable.

With the discovery of the actual cause, there already exists a rational conception of the cure of the disease. To this aspect, the attention of thoughtful men and women throughout the United Kingdom and throughout the world has been turned, within the past few years, in most encouraging fashion.

Preventive
Measures.

Improved sanitation has effected much in the past. By the institution of better hygienic conditions the death-rate from pulmonary consumption has been reduced some 50 per cent. in the United Kingdom within forty years. One of the most hopeful signs of the times is the trend of municipal activity towards the institution of preventive measures against consumption. A number of the measures proposed and carried out for a good many years by this Committee, so far as was possible along voluntary lines, are now being adopted by local authorities in different parts of the

Municipal
Activity.

Empire. It is to be hoped that such procedure will become still more general.

The one pressing need for Scotland is a large extension of hospital or sanatorium accommodation for the sound treatment of the disease, *i.e.* on open-air lines. The Victoria Hospital for Consumption, Craigmyle, Edinburgh, has been most actively engaged in the cure of consumption for over five years. From the first, the basis of its operations was the open-air

Sanatorium
Treatment.



SCREEN SHELTERS: DINNER.

treatment, and that at a time when the *cure à l'air libre* was less generally understood.

The Victoria Hospital lies about a mile and a half from Edinburgh, on a lovely slope, with a southern aspect, in a beautifully wooded park of some sixteen acres in extent. It has been *from the first a truly national institution*. Patients have been received in order of application, if otherwise suitable, from every part of

Victoria
Hospital or
Sanatorium.

Methods.

Scotland, and even of the United Kingdom. The Hospital has been much visited by medical and lay deputations from many of the larger towns of England and Scotland, and taken as a model for similar institutions in other parts.

Results of
Sanatorium
Treatment.

The results have been eminently satisfactory. In many cases a lasting cure has been effected, and, in a still greater number, patients have been put far on the way to cure, and, above all, taught how to keep themselves well and prevent others becoming affected. The Hospital has thus an important educative significance in relation to the public health. The expressions of gratitude for restoration to health and vigour have been most numerous and gratifying.

Crowds
waiting
Admission.

Of the crowds of applicants for admission, but a small fraction can be received with the existing accommodation. The present buildings can only receive sixteen patients. Each patient should remain in residence for some three months at least, if effectual cure is spoken of. That means an annual turnover of some sixty or seventy patients only. The present Hospital is capable of very great extension on a simple plan; and the Committee expect, in the course of the coming year, to arrange for approximately twice the number of beds.

Immediate
Extension
merely a
Question of
Money.

The lovely grounds are provided with every facility for treatment in the way of covered shelters, rotating screens, etc., so that immediate extension is merely a question of money. One thousand pounds would provide additional accommodation for several patients. Seventy pounds *per annum* would provide for the

residence of four patients during three months each.

The Committee have before them the profoundly distressing picture of crowds of patients who might be cured or bettered, to whom admission has to be refused for want of room. Each month of delay means grave aggravation of the illness. At present there are almost a hundred suitable cases actually waiting their turn on the list for admission.

Delay means
Danger.



COVERED SHELTERS IN GROUNDS.

The Committee appeal most earnestly to all who sympathise with this great band of sufferers, for whom so much might be done, but for whose relief there is, meantime, so very inadequate provision. The Committee invite visitors to come and judge of the work for themselves.

Practical
Sympathy.

In name of the Committee,

ALEX. CHRISTISON,
President.

REPORT BY ACTING COMMITTEE

OF THE

Victoria Hospital for Consumption,
Craigleith, Edinburgh.

THE Committee have pleasure in submitting their Report for 1898-99. The record of the year's work in each department is most satisfactory. There has also been most gratifying evidence of growing interest in the Consumption Hospital on the part of the citizens. The only matter which qualifies the feeling of satisfaction is the hampering limitation of accommodation which still continues.

THE HOSPITAL OR SANATORIUM.

Since autumn 1894, when the Victoria Hospital was opened, up to 31st March 1899, 389 individual cases have been received for indoor treatment (see p. 19). The number of suitable requests for admission has been vastly in excess of that figure. Many patients have had to be refused altogether, and others who ought to have been admitted at once have had to wait for months. The present accommodation will be added to during the coming year to the extent of ten, and possibly more, beds, and the Committee anticipate having shortly between thirty and forty beds.

In the case of those who have been admitted sufficiently early, the results have been highly satisfactory. A considerable proportion have been restored to health—that is, have been able to resume and continue regular work. Many more have been instructed how to treat

themselves, and brought well on the way to recovery. The Committee would emphasise the extreme value of the Hospital as a great educative centre in the interest of the public health.

In a small proportion of patients, especially of those recommended from a distance, the disease was too far advanced before admission to admit of permanent benefit. The Committee desire to take this opportunity of emphasising the importance of the recognition and prompt treatment of consumption in its early stages. Until the Hospital has been largely extended they feel bound to give a preference to early cases, in which the expectation of recovery is correspondingly good.

The Committee wish also to make it clear that only patients suffering from consumption are received. The complaint brought against some Chest Hospitals, that they are general hospitals in disguise, cannot be lodged in respect of the Victoria Hospital. The one card of admission is the presence of consumptive disease, preference being given to early cases, for the reasons which have been stated.

The outdoor treatment—the *cure à l'air libre*—continues to form a leading feature of the Institution. The experience of another year corroborates the statement previously made, that this system may be carried out efficiently in spite of the rigour of our winter and spring months. During the past year the provision for the open-air treatment has been much amplified. The expenditure of money has been fully justified by the excellent results.

The Committee have been gratified by the large number of persons interested in the subject who have visited the Hospital during the year. This has included a considerable number of deputations, medical and lay, from all parts of the United Kingdom. The Committee have learned with pleasure that the Hospital has served as a model for a good many similar institutions elsewhere. They take this opportunity of saying that they will always welcome visitors, who, from interest or sympathy, desire to visit the Hospital.

OUT-PATIENT DEPARTMENT.

The numbers in attendance have been very large. The total number of individual cases since the date of opening has been 7894, and many of these have been in attendance from time to time with renewed benefit (see p. 21). The Committee have reason to believe that the influence of the Institution is not limited to the individual patients who may be under treatment at any time. The Hospital and the Out-Patient Department have done much to spread a wider knowledge regarding the causes and the rational treatment of consumption. There is already noted a marked increase in the number of early cases which present themselves at the Out-Patient Department, and a diminution in the frequency of hopeless ones. The Committee recognise that the regime of the Hospital, the outdoor visits of the Medical Officers and of the members of the Samaritan Committee, and the long continued circulation of printed instructions as to the treatment of this disease (see pp. 62-63) have largely contributed to effect this gratifying result.

HOME VISITING.

A great proportion of the more advanced and poorer cases must be treated at their own homes. The promoters of the Consumption Hospital movement early recognised their responsibility in this respect. By a system of home visiting, carried out by a qualified Out-Patient Medical Officer, much has been done to alleviate the sufferer and to diminish the risk of the propagation of the disease to others in his neighbourhood. In many instances this is sufficient. But in a large number the home conditions render the treatment of dying consumptives in this fashion highly unsatisfactory, both in the interest of the patient himself and of other persons who may be compelled from limited means to live in the same house. The Committee look forward to the time when a separate Consumption Hospital will be available for the reception

of a portion of such cases. They believe that that division of the work ought to be undertaken by the municipal authorities in the interest of the public health.

SAMARITAN COMMITTEE.

The doctor's visit has been supplemented among the poorer—often poverty-stricken—cases by the self-denying labours of the members of the Samaritan Committee of the Hospital, who have taken in hand the visitation of patients at the Hospital and also of many others at their own homes, distributing, in co-operation with the Medical Officers, blankets, warm clothing, and other invalid comforts, where these are needed.

OUT-PATIENT DISPENSING DEPARTMENT.

This is a costly portion of the work. The medicines and food stuffs suitable for the consumptive patient are expensive. But the Committee believe that their outlays are made on as economic a principle as the requirements of the Institution will allow.

REVENUE.

Owing to the Ordinary Income being short of the Expenditure by £120, 10s. 4d., the Balance at the debit of the Revenue Account at 31st March 1898 has been increased to £790, 18s. 6d. at 31st March 1899. To meet this deficit the Committee earnestly hope that the subscriptions will be increased this year both in number and amount.

EXTENSION.

In the Appeal which precedes this Report (p. 9) the Committee have urged the necessity which exists for much greater Hospital accommodation. Many patients whose chance of recovery rests on their being admitted at once have to wait for weeks or months, and numbers have to be refused altogether. The Committee would therefore

renew the expression of their hope that some of our wealthy philanthropic citizens, impressed by the urgency of the claim and the hopeful character of the work, will undertake the extension of the Hospital on a scale worthy of the necessity.

The Committee would thank the many friends who have taken part in the work by subscription or donation. Valuable aid has been obtained throughout Scotland by the establishment of Local Auxiliaries for the collection of subscriptions (see pp. 4-8). The Committee are most grateful to the ladies and gentlemen forming the auxiliaries for their generous labours in helping so materially to extend the usefulness of this National Institution. They have also to record their gratitude to the members of the medical staff and the other office-bearers, the lady superintendent and nurses, the ladies who have volunteered their services in connection with the Samaritan work, and the lady collectors. They would also thank the clergymen whose kind services have been given to the Hospital.

The Committee have to record, with deep sorrow, the loss which they have sustained through the death of Mr. Julius H. Beilby and Mr. J. R. Findlay, of Aberlour. Both Mr. Beilby and Mr. Findlay took the warmest interest in the conduct and extension of the institution, and contributed much in many ways to the prosperity of the Hospital.

The Committee are pleased to report that the vacancies caused by the before-mentioned deaths have been filled up by the appointment of Sir Arthur Mitchell and Prof. Hunter Stewart.

In name of the Acting Committee,

ALEX. CHRISTISON,
President.

EDINBURGH, *31st March 1899.*

MEDICAL STATISTICS.

HOSPITAL—INDOOR PATIENTS.

From the date of opening in autumn 1894 till 31st March 1899, 389 patients have been under treatment in the Hospital.

TABLE I.—SHOWING OCCUPATIONS OF PATIENTS.

Asylum Attendants	1	Messengers	3
Bakers	1	Millworkers	10
Black Borderers	1	Miners	2
Blacksmiths	5	Nondescript	26
Bookfolders	5	Nursenmaids	10
Brassfounders	1	Painters	3
Butlers	1	Paper Bagmakers	2
Cabinetmakers	2	Paper Rulers	1
Canvas Embossers	1	Ploughmen	1
Chemists	1	Plumbers	11
Claypipe Makers	1	Policemen	1
Clerks	25	Porters	1
Coopers	3	Postmen	1
Dairymaids	2	Pressers	2
Dairymen	1	Printers and Compositors	16
Domestic Servants	30	Publicans	1
Dressmakers	18	Quarrymen	1
Electrotype Finishers	2	Road Superintendents	1
Engineers	4	Railway Workers	2
Engravers	1	Rubber Workers	3
Envelope Folders	2	Salesmen	1
Factory Workers	2	Saleswomen	2
Fishermen	3	Seamen	2
Footmen	1	School Children	4
French Polishers	1	Schoolmasters	1
Gardeners	2	Shepherds	1
Glassworkers	3	Shirtmakers	1
Golfers (Professional)	1	Shopkeepers	1
Governesses	2	Shopgirls	10
Grocers	3	Stablemen	1
Grooms	4	Students	1
Housewives	50	Tailors	15
Index-cutters	1	Teachers	5
Ironfounders	1	Tobacconists	1
Joiners	11	Tram Conductors	1
Labourers	11	Upholsterers	4
Lady's Companions	1	Vanmen	2
Laundresses	2	Valets	1
Librarians	1	Waiters	3
Machinists	6	Waitresses	1
Maltmen	1	Weavers	1
Marine Firemen	1	Wood Carvers	1
Masons	12	Woolsorters	2
Medical Practitioners	1		

TABLE II.—SHOWING AGES OF PATIENTS.

Under 11	.	.	.	.	.	.	.	.	1
From 11-20	.	.	.	.	.	.	.	.	127
„ 21-30	.	.	.	.	.	.	.	.	162
„ 31-40	.	.	.	.	.	.	.	.	63
„ 41-50	.	.	.	.	.	.	.	.	34
Over 50	.	.	.	.	.	.	.	.	2
									<hr/> 389

TABLE III.—SHOWING SEX OF PATIENTS.

Males.	.	.	.	.	.	.	.	.	190
Females	.	.	.	.	.	.	.	.	199
									<hr/> 389

TABLE IV.—SHOWING RESIDENCE OF PATIENTS.

Edinburgh	235
Vicinity of Edinburgh	59
Country—	
Banffshire	1
Berwickshire	6
British Guiana	1
East Lothian	6
Fifeshire	14
Forfarshire	9
Harris	1
Inverness-shire	1
Kincardineshire	1
Kinross-shire	1
Lanarkshire	10
Linlithgow	6
Midlothian	10
Orkney	1
Perthshire	8
Renfrewshire	1
Ross-shire	1
Roxburghshire	4
Selkirk	1
Shetland	3
Stirling	8
Switzerland	1
<hr/>	
	95
<hr/>	
	389

OUT-PATIENT DEPARTMENT.

Up to 31st March 1899, 7894 *individual* cases received treatment at the Out-Patient Department.

TABLE I.—SHOWING ATTENDANCES FROM 31ST MARCH 1898
TILL 31ST MARCH 1899.

	At Institution.	At their own Homes.	TOTAL.
April	458	169	627
May	542	150	692
June	569	124	693
July	520	92	612
August	522	98	620
September	585	188	773
October	616	147	763
November	527	139	676
December	630	158	788
January	613	129	742
February	593	106	699
March	622	105	727
	6807	1605	8412

TABLE II.—SHOWING DISEASES FROM WHICH PATIENTS SUFFERED.

Pulmonary Tuberculosis	5078	Pleura, Affections of	151
Bronchitis	981	Larynx, Affections of	137
Emphysema, with Bronchitis,		Affections of related Organs,	
Asthma, etc.	313	Throat, Stomach, Bowels,	
Edema of Lungs, with or		Heart, Kidneys, etc. (a	
without Bronchitis, Weak		large proportion being	
Heart, etc.	198	tuberculous)	1001
Capillary Bronchitis	19		
Croupous Pneumonia	6		
Injury to Chest, and Hernia			
of Lungs	10		7894

TABLE III.—SHOWING OCCUPATIONS OF PATIENTS.

Artists	12	Clerks and Warehousemen	230
Athletes	1	Coal Miners and Workers	56
Bakers	92	Comb and Brush Makers	10
Blacksmiths	66	Corkcutters	14
Bookbinders and Folders	127	Dairymen	3
Brassfinishers	55	Domestic Servants	274
Butchers	31	Engineers and Enginemn	121
Cabmen and Grooms	88	Firemen	23
Carpenters, Joiners, and		Fishermen and Sailors	116
Woodworkers	305	Fishwomen	40
Charwomen	78	Fitters and Riveters	26
Chemists	13	Gardeners and Farmers	34
Children (below fifteen)	874	Gatekeepers and Messengers	54
Chimney Sweeps	3	Glasscutters and Grinders	20

TABLE III.—*continued.*

Glaziers and Gilders	19	Plumbers	51
Grocers	43	Policemen and Watchmen	17
Guards	23	Porters	109
Gunmakers	8	Postmen, Lamplighters, etc.	15
Hairdressers	34	Printers, Compositors, etc.	215
Hawkers	66	Riggers	3
Housewives	1390	Rubber Workers	125
Insurance Agents and Com- mercial Travellers	92	Salesmen	127
Ironmoulders and Typefounders	79	Saleswomen	127
Jewellers and Watchmakers	34	Seamstresses and Dressmakers	187
Labourers	562	Shoemakers	79
Laundresses	54	Sick Nurses	37
Leather Workers	8	Slaters	19
Librarians	2	Soldiers	15
Lithographers	7	Spinners	6
Lorrymen and Carters	77	Students	8
Maltmen	24	Tailors and Hatters	185
Masons	361	Tanners and Curriers	21
Millworkers	136	Teachers	50
Musicians	10	Tinworkers	29
Nondescript	414	Waiters	67
Painters	87	Weavers	22
Paper Cutters	39	Wireworkers	14
Plasterers	31		
			<hr/> 7894

TABLE IV.—SHOWING AGES OF PATIENTS.

From 1-10	594
„ 11-20	1510
„ 21-30	2165
„ 31-40	1671
„ 41-50	1030
„ 51-60	562
Above 60	362
	<hr/> 7894

TABLE V.—SHOWING SEX OF PATIENTS.

Males	4413
Females	3481
	<hr/> 7894

TABLE VI.—SHOWING RESIDENCE OF PATIENTS.

Edinburgh	6309
Leith, Newhaven, and Trinity	872
Country	713
	<hr/> 7894

TABLE VII.—SHOWING DISTRICTS FROM WHICH PATIENTS HAVE
BEEN RECEIVED, OTHER THAN EDINBURGH, LEITH, AND
IMMEDIATE VICINITY.

Aberdour	4	Fauldhouse	1
Addiewell	1	Fife	5
Alexandria	1	Ford	1
Alloa	1	Forres	1
Alnwick	1	Galashiels	8
Alva	6	Garvald	2
Argyllshire	1	Glasgow	55
Auchindinny	1	Gordon	1
Ayr	1	Gorebridge	4
Ayton	1	Govan	2
Bathgate	5	Grangemouth	8
Belfast	1	Granton	4
Berwick-on-Tweed	3	Haddington	4
Biggar	1	Hamilton	3
Blackhall	7	Hawick	3
Blair Atholl	1	Helmsdale	1
Bo'ness	4	Innerleithen	3
Bonnyrigg	13	Inverkeithing	1
Blairgowrie	2	Inverness	4
Broxburn	30	Ireland	1
Burntisland	5	Jedburgh	1
Caithness	1	Juniper Green	2
Carlisle	2	Kelso	1
Cleland	1	Kinghorn	1
Cockenzie	63	Kingsknowe	1
Colinton	4	Kirkcaldy	22
Corstorphine	3	Kirkintilloch	1
Cowdenbeath	1	Kirknewton	1
Cramond	1	Lanark	3
Crieff	1	Langsidehouse	1
Cumberland	1	Lauder	1
Currie	2	Leslie	1
Dalhousie	1	Leven	1
Dalkeith	13	Liberton	11
Dalmeny	1	Linlithgow	3
Davidson's Mains	5	Livingston	1
Denham	1	Loanhead	7
Duddingston	4	Lochgelly	1
Dumbarton	1	Lockerbie	2
Dumfries	4	London	1
Dunbar	7	Longniddry	2
Dunblane	1	Macmerry	1
Dundee	8	Markinch	1
Dundonald	1	Maybole	1
Dunfermline	24	Midcaldor	8
Duns	2	Milton Bridge	1
Dysart	1	Moffat	1
East Calder	4	Montrose	1
Earlston	3	Musselburgh and Fisherrow	42
Elgin	1	North Berwick	2
England	14	Orkney and Shetland	19
Falkirk	9	Paisley	1

TABLE VII.—*continued.*

Peebles	12	Stenton	1
Pencaitland	12	Stirling	4
Penicuik	14	Tain	1
Perth	2	Tillicoultry	2
Portobello and Joppa	49	Tranent	29
Prestonpans	18	Tynecastle	1
Queensferry, N. and S.	9	Uphall	3
Rosewell	2	Wales	1
Roslin	1	Walkerburn	1
Ross-shire	1	Wemyss	2
Rothesay	1	West Calder	3
St. Boswells	2	Winchburgh	1
Selkirk	1	Australia	1
Shotts	2		
Slateford	6		
South Shields	1		
			<hr/> 713

ILLUSTRATIVE CASES.



T. R., a chemist's assistant, age twenty-three, admitted into Hospital, July 1895, suffering from consumption both of chest and throat, his voice gone, and his condition such as to utterly incapacitate him for work. He did well while in Hospital, regained his voice, and put on flesh. After leaving he continued to live on the lines he had been taught, with the result that he is now in perfect health, following his occupation in a town in the north.

W. K., plumber's apprentice, age seventeen, admitted into Hospital, August 1895, with both lungs affected. He made a most satisfactory recovery, and on leaving Hospital, acting on the advice given him, went for a trip to the Mediterranean. The sea suited him so well that he gave up his old occupation, and is now employed as a steward.

E. G., electrical mechanic, age twenty-one, admitted November 1895. The condition of this patient's lungs was so bad that there seemed little hope of his life being spared. He improved, however, and after being kept under observation for a long time, and carrying on the treatment, he was able to return to work about a year ago, and is now keeping very well.

W. N., teacher, age nineteen, admitted May 1896. Had been obliged to give up his work owing to consumption, with bleeding from the lungs. He improved immensely during residence in Hospital, gaining strength and weight. The improvement has been steadily maintained, and he is now at his old work, looking perfectly strong and fit.

OUT-PATIENT DEPARTMENT.

THE following cases, taken at random from the note-book of the Assistant Medical Officer, serve to illustrate the nature of this department of the work:—

Case of A. B.—Girl, seventeen years of age, with tuberculous disease of both lungs rapidly advancing. I found this patient lying in the corner of a large room, two stories below the street level, dark, damp, ill-ventilated, the only window looking out on a small patch of dirty grass at the same level as the floor of the dwelling-house. At the opposite corner of the room was another bed in which her father, uncle, and little brother slept, her mother and some other members of the family having already died of phthisis. She lay on a dirty bed,—expectorating into scraps of linen which were thrown carelessly about the room,—not properly fed, clothed, or nursed. With such surroundings the poor child had to lie for weeks, racked by pain and constant coughing, gasping for breath, in a high fever, suffering greatly from thirst, till death relieved her from her suffering. Her friends, though doing everything in their power, had neither the means nor the knowledge required to nurse her properly.

Case of W. L.—Twenty-two years of age, married, with advanced tuberculous disease of both lungs and alimentary tract. Suffering from pain in chest, distressing cough, high fever, profuse sweating, and diarrhœa. This patient—as is so common in these cases—has struggled on for months at his work, unable to keep up his benefit society payments, always hoping to be “soon better,” and able to pay up arrears. When at length his illness compelled him to stop work, he finds himself without resources of any kind, and dependent on charity or the “parish.” He has three shillings and sixpence a week from a charitable society, with which he has to provide food and shelter for himself, wife, and child. They live in a small room, three flats up, bright and fairly clean, but all fresh air excluded for fear of “colds.” Needless to say, this patient is unable to get proper food or medicines, and his young and ignorant wife, with a house and child to attend to, can do but little as a nurse, and both run serious risk to their own health.

Case of T. E.—Thirty-five years of age, with wife and three children. This patient has been off work for a considerable time with tuberculous lung disease. He suffers greatly from cough, pain in chest, and breathlessness. He suffers much also from cold. His bed is very dirty and the bedclothes scanty. He is left day after day quite by himself. From early morning till far on in the day his children are at school, and his wife—who is now the breadwinner—is out working, her precarious wage and a small pittance from the parish being their only means of livelihood. The sufferings of the patient are vastly increased by the conditions of his life—his inability to help when help is so much needed, his loneliness, his unsuitable surroundings, his want of food, clothing, nursing, medicine!

These cases, like all the others, were regularly visited from time to time, and everything that was possible in the circumstances done to promote recovery or alleviate suffering and prevent further propagation of the disease.

SAMARITAN WORK.

This graphic narrative, reported by one of the lady visitors, tells its own terribly sad tale:—

Case of A. G.—Married man, with young wife and two children. Unable to work for nine months; in the last stage of consumption. Wife working one day in the week; her confinement near, and unable to do much. In this state the household had just flitted to another house. A. G. quite exhausted with removal and unable to rise, suffering terribly from coughing, exhaustion, and expectoration. Wife obliged to put him on “shake-down” three days after removal, and infant born that evening in bed where husband had been. Thirty-six hours after, wife had to rise to let A. G. be put into the bed again, where he died twelve hours later in great suffering. Wife, new-born infant, and the two others, had to sleep on “shake-down” for three days, until the “parish” came to bury the husband and father! Is it to be wondered that consumption spreads?

ABSTRACT OF THE TREASURER'S ACCOUNTS, from 31st March 1898 to 31st March 1899.

I.—GENERAL REVENUE AND EXPENDITURE ACCOUNT.

CHARGE.

I. Revenue received—

1. Subscriptions and Donations—

(1) Edinburgh, as on page 43 . . . £757 6 11
(2) Leith, Trinity, and Wardie, as on page 44 . . . 23 18 0

(3) Country Districts, as on page 60 . . . £781 4 11
(4) Miscellaneous, as on page 61 . . . 130 11 5

2. Interest and Dividends . . . £1,711 0 6
3. Income Tax repaid by Government . . . 166 17 8
4 19 0

II. Balance at debit of Account at 31st March 1899 . . . £1,882 17 2
790 18 6

DISCHARGE.

I. Payments chargeable against the Revenue—

1. Payments in connection with the Hospital—

(1) Rent, Taxes, and Insurance . . . £129 8 2
(2) Provisions . . . 499 18 4
(3) Salaries and Allowances to Resident Staff . . . 141 6 0
(4) Servants' Wages . . . 73 5 9
(5) Coals and Gas . . . 140 16 0
(6) Furnishings and Repairs . . . 92 5 3
(7) Medicines and Medical Appliances . . . 138 13 0
(8) Lodge-keeper's Wages . . . 52 0 0
(9) Expenses in connection with Garden and Grounds . . . 20 14 1
(10) Telephone Rent, £6, 5s.; Matron's Sundries, £16, 5s. 4d.; and Miscellaneous, £21, 5s. . . 43 15 4

£1,332 1 11

2. Payments in connection with the Dispensary—

(1) Rent, Taxes, and Insurance . . . £48 17 3
(2) Salaries to Medical Assistant . . . 60 0 0
(3) Coals and Gas . . . 13 15 6
(4) Furnishings and Repairs . . . 11 19 9
(5) Caretaker's Wages . . . 37 0 0
(6) Medicines . . . 251 15 7
(7) Telephone Rent, £5; Caretaker's Sundries, £7, 3s.; and Miscellaneous, £1, 18s. 3d. . . 14 1 3

3. Printing and Advertising . . . 437 9 4
4. Expenses of Collections . . . 49 17 0
5. Expenses of Management . . . 137 17 0
6. Stationery, Postages, and Miscellaneous Expenses . . . 26 5 0
19 17 3

II. Balance at debit of Account at 31st March 1898 . . . £2,003 7 6
670 8 2

£2,673 15 8

II.—HOSPITAL FUND.

CHARGE.

- I. Balance at credit of Fund at 31st March 1898, per last Abstract . . . £5,176 10 0
 II. Legacy received from the late Hon. B. F. Primrose . . . 250 0 0
 III. Donation from "A Friend" . . . 500 0 0

£5,926 10 0

DISCHARGE.

- I. Legal Expenses *re* proposed purchase of Hillwood
 II. Balance at credit of Fund at 31st March 1899 . . . £13 0 0
 5,913 10 0

£5,926 10 0

III.—ENDOWMENTS FUND.

CHARGE.

- I. "Howard Graham Usher Bed" . . . £1,000 0 0
 II. Received from Julius H. Beilby, Esq., the Income available for Ordinary Expenditure . . . 500 0 0
 II. "George Vallance Bruce Bed" . . . 1,000 0 0

£2,500 0 0

DISCHARGE.

- I. Balance at credit of Fund at 31st March 1899 . . . £2,500 0 0

£2,500 0 0

EDINBURGH, 17th July 1899, —I have examined the Account of the Intrusions of the Treasurer of the VICTORIA HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST for the year ending 31st March 1899, of which the above is an Abstract, and have found it correct.

EDWARD BOYD, C.A., Auditor.

Rules for Consumptive Patients and Those Looking after Them.

(As issued to Out-Patients at the Victoria Hospital.)

Consumption is a communicable disease. It may pass from person to person. It may pass from one lung to the other, or from one organ to another.

The chief source of infection is the expectoration of the consumptive. The great danger lies in the drying of the expectoration, and the blowing about of the dried infectious material.

The spread of consumption can be largely prevented. *If the succeeding directions be obeyed, there need be no serious danger in ordinary intercourse with patients. The breath of the consumptive is not directly infectious.*

The patient should expectorate into a jar or cup containing a tablespoonful of carbolic acid (1 to 20) or other disinfectant.

The vessel should be changed once in twelve hours, or oftener. It should be cleansed by being filled up with *boiling* water. The combined contents should be poured down the w.c. The vessel should then be washed with *boiling* water.

When the patient is out of doors, he should carry a pocket spitting flask (such as Dettweiler's, or the Victoria Hospital simpler model). The flask should be used and cleansed like the jar. The patient should never spit on the streets.

The patient should not use handkerchiefs for expectoration. If this ever has to be done, the handkerchief should be of an inexpensive material, that it may be burned after use. Squares of rag or paper, which may be used for convenience, should be similarly treated.

The expectoration should on no account be swallowed, for thereby the disease may pass to other organs.

Consumptive patients should avoid kissing.

Consumptive mothers should not suckle.

If expectoration has been accidentally deposited on the floor or other object, it should be wiped up and burned, and the surface of the object cleansed with strong antiseptic.

Rooms which have been long occupied by a consumptive patient should, before occupation by someone else, be carefully disinfected, as after other infectious disease.

FRESH AIR is the food of the lungs. Therefore, see that the lungs be not starved.

A.—By Day.—The patient should occupy as airy a room as possible. It must be scrupulously dry, and preferably removed from the ground. The window should be *freely* open. When able, the patient should be out of doors once or several times during the day. He must avoid over effort, and damp, or chill, which would counteract the benefit.

B.—By Night.—He should sleep alone. The bedroom should be large and airy. The window should be kept open, less or more according to the season.

Regulations for the Admission of Patients.

1. The Victoria Hospital is founded for the treatment of patients suffering from Consumption and allied Diseases of the Chest, who are in necessitous circumstances.
2. No patient whose household is in receipt of Parish Assistance shall be considered eligible for admission.
3. Patients will be admitted to indoor treatment only if the Physician is satisfied that the case may reasonably be expected to benefit thereby.
4. Subject to the above restrictions, patients will be received in order of application, according as vacancies may occur.
5. All applications for admission must be made directly to the Physician, Out-Patient Department, 26 Lauriston Place.
6. The length of residence in hospital will depend on the nature of the case. With regard to this the Physician shall be the sole judge; but no patient shall remain longer than sixty days, unless the conditions have been shown to be special, to the satisfaction of the Acting Committee.
7. No case shall be admitted twice in one year, except under similarly exceptional circumstances.
8. In entering the Hospital, patients agree to conform rigidly to the Rules of the Institution. No patient shall be readmitted if he has once been discharged for breach of Rules.

OUT-PATIENT DEPARTMENT,

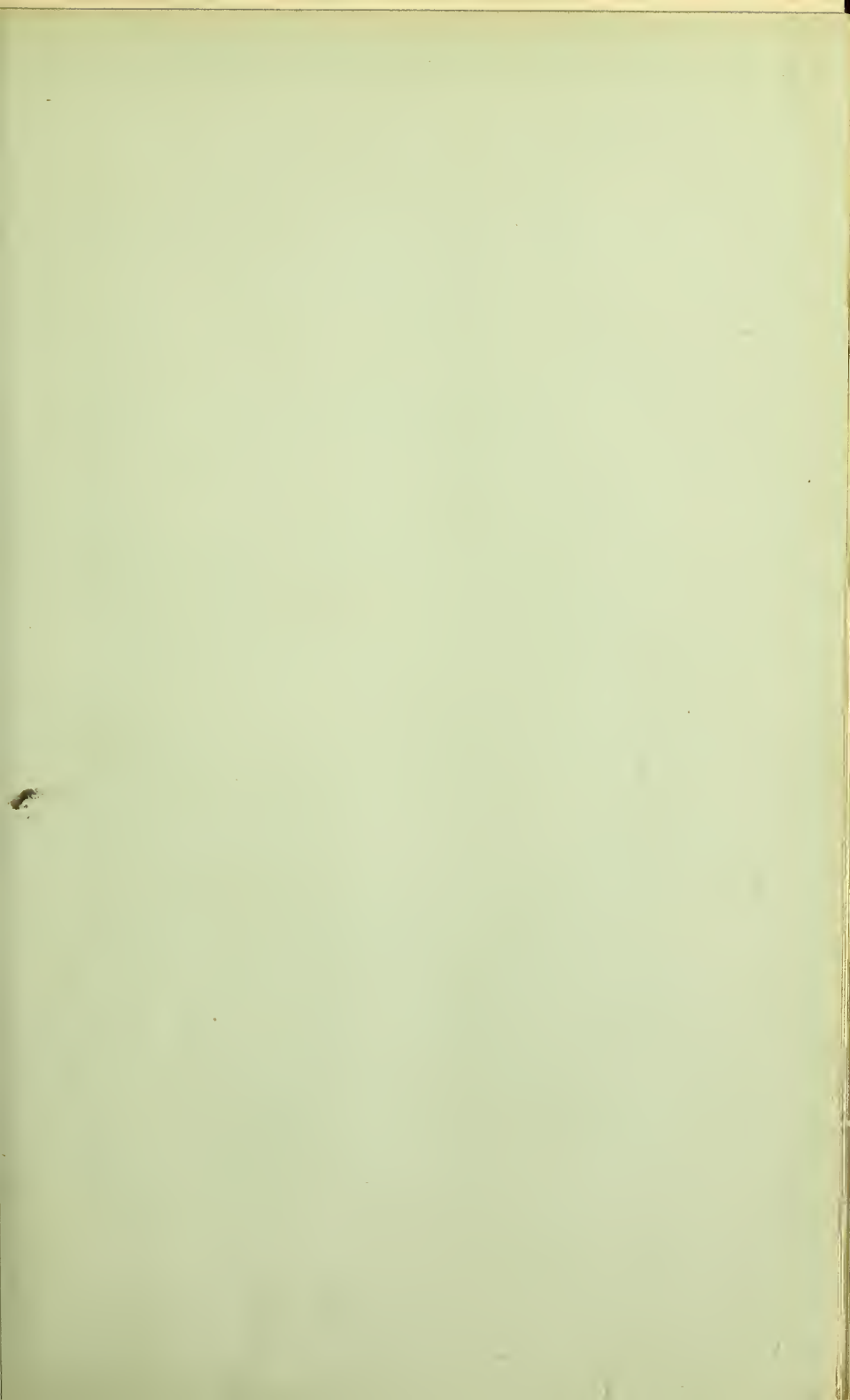
26 LAURISTON PLACE.

The Out-Patient Department is open for consultation to all necessitous patients suffering from Consumption or Diseases of the Chest.

Medicines are dispensed *gratis* only to such patients as the Physician ascertains to be in need of such further assistance. A formal charge of One Penny will be made for each prescription so dispensed.

Patients shall not receive advice or medicines unless they attend punctually at the appointed hours, which are indicated on the Prescription Form.

The above Regulations are subject to alteration by the Acting Committee.



THE OUT-PATIENT DEPARTMENT, 26 LAURISTON PLACE, is open for the reception of patients on MONDAYS, WEDNESDAYS, and FRIDAYS, at 3.30 p.m., and for the Dispensing of Medicines Daily (except Sunday), from 10 to 11 a.m., and 6 to 7 p.m.

come.

Yours faithfully,

J. R. Stewart

The Royal Victoria Hospital for Consumption

CRAIGLEITH, EDINBURGH

Tuberculosis Dispensary—CASTLE TERRACE, EDINBURGH.
Farm Colony—SPRINGFIELD, LASSWADE, Midlothian.

Treasurer—L. B. BELL, Esq., C.A., 42 Castle Street.
Organising Secretary—D. RIDDELL STAVERT.

2 YORK BUILDINGS,

Edinburgh. 22nd May. 1913.

Dear Sir Robert Philip,

Will you please accept from me the enclosed volume of the Hospital Reports. (some of the Reports are a little soiled but I had difficulty in getting complete copies & 1892 was the first I had).

I hope I may be able to present you with another volume 21 years hence.

It has been a privilege and an inspiration, as well as one of the pleasures of my life, to be associated with you, in a small way, in your great life's work & I pray you may be given health & strength to continue it for many years to

About 60,000 Persons die annually of Consumption in the
United Kingdom.

THE VICTORIA HOSPITAL

FOR

CONSUMPTION

CRAIGLEITH, EDINBURGH



OPEN-AIR TREATMENT—SCREEN PARTS.

REPORT FOR YEAR 1899-1900

Out-Patient Department—

26 LAURISTON PLACE, EDINBURGH

The Victoria Hospital for Consumption was established in

In Memoriam Wards and Beds.

THE Trustees will be pleased to gratify the wish of any Donors who may desire to endow and name a Ward or single bed in the Victoria Hospital. They purpose, therefore, to affix to beds in perpetuity the name of any benefactor of the Hospital to the extent of £1000 by donation or legacy, who so desires it, and to Wards in recognition of larger donations.

Lord Derby, when presiding at the opening of the New Extension Building to Brompton Hospital for Consumption, alluding in his speech to Memorial Wards and Beds, said—"One cannot dictate the form which affection and regret shall take to display themselves; every one must make their own choice; but for myself, I cannot conceive a more satisfactory method of keeping alive the memory of a lost relative or friend, than by attaching his or her name permanently and inseparably to an institution which is intended to relieve suffering, and which for many generations to come may be a benefit to the living as well as a remembrance of the dead."

FORM OF LEGACY OR BEQUEST.

I give and bequeath to the VICTORIA HOSPITAL FOR CONSUMPTION, CRAIGLEITH, EDINBURGH, payable to the Treasurer of the Institution for the time being, the sum of
free of legacy duty.

Regulations for the Admission of Patients will be found on page 62.

THE
VICTORIA HOSPITAL
FOR
CONSUMPTION
CRAIGLEITH, EDINBURGH

Patrons and Patronesses.

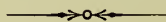
THE DUKE OF ARGYLL.
THE EARL OF ABERDEEN.
THE LADY MARY HOPE.

THE LADY SUSAN GRANT SUTTIE.
HON. LORD KINNENAR.
HON. LORD KYLLACHY.

REPORT FOR YEAR 1899-1900

Out-Patient Department—
26 LAURISTON PLACE, EDINBURGH

OFFICE-BEARERS.



President.

SIR ALEXANDER CHRISTISON, BART.

Vice-President.

SIR GEORGE WARRENDER, BART.

Trustees.

CHARLES COOK, Esq., Writer to the Signet.

CHARLES J. GUTHRIE, Esq., Q.C.

JAMES MYLNE, Esq., Writer to the Signet.

R. R. SIMPSON, Esq., Writer to the Signet.

General Committee.

ARTHUR ALISON, Esq., Advocate, 3 Moray Place, Edinburgh.

Dr. JOSEPH BELL, F.R.C.S., 2 Melville Crescent, Edinburgh.

Rev. ROBERT BLAIR, D.D., St. John's Parish Church, Edinburgh.

Sir ALEXANDER CHRISTISON, Bart., 40 Moray Place, Edinburgh.

Dr. T. S. CLOUSTON, F.R.C.P., Royal Asylum, Morningside, Edinburgh.

CHARLES COOK, Esq., W.S., 61 Castle Street, Edinburgh.

Dr. HALLIDAY CROOM, F.R.C.P., 25 Charlotte Square, Edinburgh.

Rev. E. C. DAWSON, St. Peter's Church, Edinburgh.

C. J. GUTHRIE, Esq., Q.C., 13 Royal Circus, Edinburgh.

Rev. JAMES HARVEY, Lady Glenorchy's U.F. Church, Edinburgh.

* Sir ALEXANDER KINLOCH, Bart., 5 Forres Street, Edinburgh.

J. D. LAWRIE, Esq., 5 Moray Place, Edinburgh.

Rev. JAMES MACGREGOR, D.D., St. Cuthbert's Church, Edinburgh.

* Sir ARTHUR MITCHELL, K.C.B., 34 Drummond Place, Edinburgh.

* JAMES MYLNE, Esq., W.S., 10 Ainslie Place, Edinburgh.

Rev. Professor ORR, D.D., U.F. College, Glasgow.

Rev. GEORGE PHILIP, D.D., St. John's U.F. Church, Edinburgh.

* Dr. R. W. PHILIP, F.R.C.P., 45 Charlotte Square, Edinburgh.

E. T. SALVESEN, Esq., Q.C., 40 Drumsheugh Gdns., Edinburgh.

* R. R. SIMPSON, Esq., W.S., 8 Bruntsfield Crescent, Edinburgh.

W. C. SMITH, Esq., Advocate, 57 Northumberland St., Edinburgh.

* Prof. HUNTER STEWART, D.Sc., 9 Learmonth Gdns., Edinburgh.

JOHN WARRACK, Esq., 14 Carlton Terrace, Edinburgh.

Sir GEORGE WARRENDER, Bart., Bruntsfield House, Edinburgh.

JOHN WILSON, Esq., Advocate, 9 Drumsheugh Gdns., Edinburgh.

Rev. J. H. WILSON, D.D., Barclay Church, Edinburgh.

HENRY J. YOUNGER, Esq., of Benmore, Edinburgh.

Those marked * form the Committee of Management.

Samaritan Committee.

Miss ALISON, 3 Moray Place.
 Mrs. BALFOUR, Dawyck, Stobo.
 Miss BELBY, 10 Clarendon Crescent.
 Miss A. BURNS, Milrig, Braid Road.
 Mrs. GEORGE CRABBIE, Rothesay Terrace.
 Miss DICKSON, 13 Osborne Terrace.
 Mrs. DUNCAN, 37 Buckingham Terrace.
 Miss FORMAN, 12 Merchiston Park.
 Mrs. AUCLAND GEDDES, 14 Ettrick Road.
 Mrs. G. H. GEDDES, 8 Douglas Crescent.
 Mrs. L. A. GUTHRIE, 9 Lynedoch Place.
 Mrs. HISLOP, Castle Park, Prestonpans.
 Miss LANG, 8 Belford Terrace.
 Miss LOWSON, 17 Randolph Crescent.
 Miss L. MACKENZIE, 21 Learmonth Terrace.
 Miss MELVILLE, 12 Moray Place.
 Miss MYLNE, 3 Great Stuart Street.
 Mrs. R. W. PHILIP, 45 Charlotte Square.
 Miss A. J. ROLLAND, 16 Alva Street.
 Miss THORBURN, 12 Hermitage Place, Leith.
 Miss MACLAGAN WEDDERBURN, 3 Glencairn Crescent.
 Miss WELSH, 51 George Square.
 Mrs. WHITSON, Sen. of Parkhill, 20 Coates Crescent.

Honorary Physicians.

R. W. PHILIP, M.A., M.D., F.R.C.P., 45 Charlotte Sq., Edinburgh.
 G. L. GULLAND, M.D., F.R.C.P., 6 Alva Street, Edinburgh

Honorary Surgeon.

DAVID WALLACE, M.B., F.R.C.S., 11 Rutland Street, Edinburgh.

Resident Physicians.

R. GILLAM, L.R.C.P. & S.E.
 A. M. WATSON, L.R.C.P. & S.E.

Non-Resident Clinical Assistants.

ALEX. H. MACPHERSON, L.R.C.P. & S.E.
 A. HILL BUCHAN, M.B., C.M.

Lady Superintendent.

Miss GUY.

Honorary Secretaries.

WALLACE & GUTHRIE, W.S., 1 North Charlotte Street, Edinburgh.

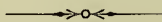
Treasurer.

GEORGE H. CARPHIN, C.A., 54 Queen Street, Edinburgh.

Auditor.

EDWARD BOYD, C.A., 23 Thistle Street, Edinburgh.

LADY PRESIDENTS AND PATRONS OF COUNTRY AUXILIARIES.



- Aberdeenshire*—Mrs. FARQUHARSON of Houghton, Netherton, Meigle.
Arbroath—Mrs. LINDSAY CARNEGIE, Kinblethmont.
Ardrossan—The COUNTESS OF EGLINTON, Eglinton Castle.
Auchtermuchty—Mrs. FAIRLIE, Myres Castle.
Bonkyl and Ednam—Mrs. SANDYS LUMSDAINE, West Blanerne.
Caitness-shire—The DUCHESS OF PORTLAND, Langwell.
Clackmannanshire—The COUNTESS OF MAR AND KELLIE, Alloa House.
Coupar-Angus—Mrs. GRAHAM MENZIES, Hallyburton.
Cramond and Davidson's Mains—Mrs. ADAM CROSS, Craigiehall, Cramond Bridge.
Dalkeith—The MARCHIONESS OF LOTHIAN.
Duns—The Hon. LADY MILLER, Manderston.
Forfarshire—The COUNTESS OF STRATHMORE, Glamis Castle.
Humbie—The Hon. Mrs. SCOTT, Humbie House.
Jedburgh and District—ALEX. WADDELL, Esq., Palace (*Patron*).
Kinross-shire—Mrs. REID, Thomanean.
Kirkliston—Mrs. HOG, Newliston.
Kirknewton—Mrs. HAMILTON, Cairns.
Lasswade and Polton—
Lesmahagow—The Hon. Mrs. BINGHAM, Stoneybyres House.
Lilliesleaf—Miss AGATHA G. M. SPROT, Riddell.
Linlithgow—Mrs. MELVILLE, Lochcote House.
Linlithgowshire—The COUNTESS OF HOPETOUN.
Melrose—The COUNTESS OF DALKEITH, Eildon Hall.
Muthill—Miss SPIER, Culdees Castle.
Newport—Miss LENG, Kinbrae.
Orkney and Shetland—The COUNTESS OF ZETLAND, Kerse House, Falkirk.
Peeblesshire—Mrs. THORBURN, Glenormiston.
Pencaitland—The Hon. Mrs. HAMILTON OGILVY, Winton Castle.
Perthshire—LADY GEORGINA MACKENZIE, Balboughty.
Pitlochry—Mrs. MACBETH, Bank of Scotland House.
Pittenweem—LADY AVA-CAMPBELL, Gibleston.
Ratho and Dalmahoy—Miss BULLOCK, The Parsonage.
Rosslyn—LADY DRUMMOND, Hawthornden.
St. Boswells, Mertoun, and Bowden—Miss M. T. BAILLIE, Dryburgh House.
Stow—Miss MILROY, Torsonce.
Sumburgh (Shetland)—Mrs. BRUCE.
Sutherlandshire—The DUCHESS OF SUTHERLAND, Dunrobin Castle.

LADY COLLECTORS.

I. EDINBURGH.

- Alison, Miss, 3 Moray Place.
 Anderson, Miss Isobel H., 12 Buccleuch Place.
 Bilton, Miss H. M., 11 Buckingham Terrace.
 Blackie, Miss, Viewforth House, Leith.
 Blackstock, Miss Anna, 96 Findhorn Place.
 Burnside, Miss M., 3 Marchhall Cres.
 Carphin, Miss Jane, 24 Northumberland Street.
 Clarke, Miss Marion Eagle, 35 Braid Road.
 Crawford, Miss Ray, 12 Carlton Street.
 Dewar, Miss, Drylaw House, Davidson's Mains.
 Dickson, Miss, 5 Millerfield Place.
 Dickson, Miss, 158 Montgomery St.
 Donald, Miss M., 9 Whitehouse Terrace.
 Drybrough, Miss S., 5 Ettrick Road.
 Dunn, Miss J. G., Gorgie Ho., Gorgie.
 Edgar, Miss, 5 Barnton Terrace.
 Fairbairn, Miss M. R., 88 Dalkeith Rd.
 Farquharson, Miss, 5 Inverleith Ter.
 Fletcher, Miss Morag, 37 Kilmaurs Rd.
 Forman, Miss, 12 Merchiston Park.
 Gamgee, Miss, 9 Rothesay Place.
 Gray, Miss, 10 Eyre Crescent.
 Guthrie, Miss, Almora, Colinton.
 Guthrie, Miss A., 1 Spottiswoode St.
 Hardie, Mrs., Seafeld Lodge, Leith.
 Harrison, Miss, 4 Leamington Road.
 Ingram, Miss, 17 Cornwall Street.
 Kennedy, Miss Violet, Kirkton Lodge, Murrayfield.
 Kyle, Miss, care of Miss Howden, 115 Henderson Row.
 Lawson, Miss A., 34 George Square.
 Legget, Miss, 2 Ravelston Terrace.
 Lennox, Miss, 19 W. Nicolson Street.
 Lindsay, Miss, 22 Lygon Road.
 Logan, Miss, 25 Rutland Square.
 Low, Miss, 13 Stafford Street.
 Macbean, Miss, 26 Braid Crescent.
 M'Cuaig, Mrs., 5 Hope Terrace.
 M'Culloch, Miss E. M., 3 Bellevue Crescent.
 Macdonald, Mrs., 22 Summerside Place, Leith.
 Mackenzie, Miss J. T., 69 Queen St.
 Mather, Miss, The Lee, Colinton Road.
 Mathie, Miss, 17 Grange Terrace.
 Mathieson, Miss A., 52 N. Castle St.
 Miller, Miss, 20 Nelson Street.
 Montgomerie, Miss Lily, 10 Montagu Terrace.
 Morrison, Mrs., 27 Rosslyn Crescent.
 Ogg, Miss Mary, 35 Barony Street.
 Oswald, Miss, Eden Grove, Falcon Avenue.
 Philip, Miss, 52 Blacket Place.
 Rae, Miss, 3 Cluny Avenue.
 Raimes, Misses, 5 Belford Park.
 Rolland, Miss A. J., 16 Alva Street.
 Rutherford, Miss, Drummond Place.
 Smart, Miss, 1 Greenhill Place.
 Smith, Miss, 47 Lauder Road.
 Smith, Mrs. A. H., 29 Hermitage Gardens.
 Stalker, Miss Lizzie, 23 Upper Gilmore Place.
 Surene, Miss, 76 Comiston Road.
 Sym, Mrs. J. D., 78 Great King Street.
 Thomson, Miss, 21 Braid Avenue.
 Thorburn, Miss E. M., 12 Hermitage Place, Leith.
 Turnbull, Miss, Alma Lodge, Strathearn Road.
 Walker, Miss, 17 Nile Grove.
 Wallace, Miss, 31 Grange Loan.
 Watson, Miss, 4 Dundas Street.
 Watt, Miss, 30 Mayfield Gardens.
 Williamson, Miss, 31 Forbes Road.
 Younger, Miss, Drummond Place.

II. COUNTRY.

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p> Adams, Miss B. Vere, Friarsfield, Lanark.
 Aitken, Miss, Drumelzier Place, Broughton.
 Alexander, Miss, Red House, W. Linton.
 Allan, Miss, The Parsonage, Peebles.
 Anderson, Mrs., Allanton Schoolhouse, Chirnside. </p> | <p> Armstrong, Mrs., Ellington, Berriedale.
 Arthur, Miss, Balcastle, Slamannan.
 Baikie, Miss, Cooper House, Birsay, Orkney.
 Baillie, Miss M. T., Dryburgh House, St. Boswells.
 Bairnsfather, Miss, Beechwood, Coupar-Angus. </p> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

- Baldie, Mrs., Royal Bank House, Markinch.
 Baldwin, Miss, 4 Devon Ter., Berwick.
 Balfour, Miss, Ingleby, Kirkcaldy.
 Ballantyne, Miss, Tynedale, Friockheim.
 Barrett, Mrs., Inchgower, Buckie.
 Bayne, Miss, Rait, Errol.
 Benson, Mrs., Row, Doune.
 Bethune, Miss, Badrain, Culbokie, Conon Bridge.
 Birrell, Miss, Knowehead, Freuchie.
 Black, Miss, Cortachy Ho., Kirriemuir.
 Blair, Miss, Limekilns, Dunfermline.
 Blair, Miss, Ramshorn Cottage, Dollar.
 Boston, Miss, Hawarden Ter., Spittal.
 Boulton, Miss, Anerley House, Brechin.
 Breck, Miss, Langskaills, Marwick, Birsay.
 Brown, Miss, Branetrigg, Dumfries.
 Brown, Mrs., Ceres Manse, Cupar-Fife.
 Brown, Miss, Rossie, Auchtermuchty.
 Brown, Miss, The Hermitage, Selkirk.
 Brown, Mrs. Lennox, Glencorse.
 Bruce - Gardyne, Miss, Middleton, Friockheim.
 Buch, Mrs., Auchrannie, Brodick.
 Bullock, Miss, The Parsonage, Dalmahoy.
 Cæsar, Miss, The Delvine, Amisfield.
 Cairns, Miss, Bogangreen, Coldingham.
 Caithness, Miss, Monifieth.
 Calder, Miss A., Avenal, N. Berwick.
 Cameron, Miss, Wolflee Lodge, Hawick.
 Cameron, Mrs., Ravensdale, Corpach, Fort-William.
 Campbell, Miss, Aoradh, Islay.
 Campbell, Miss, Blairreich, Lochearnhead.
 Campbell, Miss M., Temperance Hotel, Broadford, Skye.
 Campbell, Mrs., Drill Hall, Mey, Thurso.
 Campbell, Mrs., Station House, Burnmouth.
 Cavers, Miss Janet, Swanlaws, Hownam, Kelso.
 Chapman, Miss, Broompark Cottage, Falkirk.
 Cheape, Lady Griselda, Strathtyrum, St. Andrews.
 Chrnside, Miss, Gosford House, Longniddry.
 Chisholm, Miss, Mordington Lodge, Berwick-on-Tweed.
 Church, Miss, Netherurd Lodge, Dolphinton.
 Clark, Miss, Blackstep, Dunscore.
 Cochrane, Miss Daisy, Ye Auld Hoose, Crail.
 Connochie, Mrs., Summerhill, Ayton.
 Cook, Miss, Clunie, Newburgh.
 Cook, Miss, The Manse, Kilchoman.
 Cowden, Miss, Cardrain, Kirkmaiden.
 Cowe, Miss, Seaview, St. Abb's, Coldingham.
 Cowper, Miss, Kirkwall.
 Crawford, Miss, Greenside, Dumfries.
 Crichton, Miss, Logan Bk., Cupar-Fife.
 Currie, Miss Mary J., Whitburn.
 Currie, Miss, Collin.
 Davidson, Miss, Auchintore, Fort-William.
 Davidson, Miss, Whitehouse, Kirkcowan.
 Davidson, Miss Mary, Linton Mill, Kelso.
 Deas, Miss, East Wemyss.
 Dewar, Miss, Woodside Cot., Harthill.
 Dickson, Mrs., Rosebank, Haddington.
 Donaldson, Mrs., Cockenzie.
 Douglas, Miss Isa K., Glenerne, Ayr.
 Drummond, Miss, Carstairs.
 Dunn, Miss, 3 Castle Street, Fortrose.
 Euman, Mrs., Bridge End House, Innerleithen.
 Fairfax, Lady, Ravenswood, Melrose.
 Falconer, Miss, Schoolhouse, Houstrey.
 Ferguson, Miss, Collin.
 Fernie, Miss Grace, East Wemyss.
 Findal, Miss, Teviot Cottage, Duns.
 Fisher, Miss N., Shotts House, Shotts.
 Fletcher, Miss Ella, Saltoun Hall, Pencaitland.
 Fletcher, Mrs., Kinnaird, Brechin.
 Forbes, Miss, Tombreck, Foss, Pitlochry.
 Forrest, Miss, Kirkliston.
 Frew, Miss Hunter, Newton Cottage, Blackwood, Lesmahagow.
 Fyffe, Miss, The Hunchar, Glenogil, Kirriemuir.
 Gemmell, Miss, Greendykes, Macmerry.
 Georgeson, Miss, 14 Thurso St., Wick.
 Gilchrist, Misses, Carvenom, Anstruther.
 Gillespie, Mrs., Castlandhill, Inverkeithing.
 Gordon, Miss, 41 Ferguson Place, Burntisland.
 Graham, Miss, 6 High St., Lochmaben.
 Graham, Miss F. J., Larbert House, Larbert.
 Grant, Mrs., "Nedeem," Glen Urquhart, Inverness.
 Grant, Mrs., Rogart Station.
 Gray, Miss, Drummond Street, Comrie.
 Gray, Mrs. W., of Nunraw, Prestonkirk.
 Hamilton, Miss, Bridge Castle, Bathgate.

- Hamilton, Mrs., Viewforth Cottage,
 Prestonpans.
 Hardy, Miss, Harpertown, Kelso.
 Harley, Mrs., Drumturk, Auchterarder.
 Harper, Miss, Bellevue, Keir.
 Hastings, Miss, The Crofts, Castle-
 Douglas.
 Henderson, Miss, Cornhill, Biggar.
 Hendry, Miss, 72 High St., Aberlour.
 Henry, Miss, Shaws Farm, Ettrick.
 Hilson, Miss, Bankhead, Jedburgh.
 Hislop, Misses, Harwood-on-Teviot,
 Hawick.
 Hosie, Miss, Gordon.
 Hume, Miss, Myreside, Haddington.
 Irving, Misses, Stubbyknowe, Gretna.
 Johnston, Miss, Sunnyside, Whiteness,
 Shetland.
 Johnstone, Miss, Polwarth, Duns.
 Johnstone, Mrs., The Manse, Uphall.
 Keillor, Miss, Todhills, Tealing.
 Kellock, Miss, Salisbury Villas, Aber-
 dour.
 Kennedy, Miss, Hapland, near Thorn-
 hill.
 Kininmonth, Miss, Gairlands, King-
 horn.
 Kinnear, Miss, Tweedbank Cottage,
 Newtown St. Boswells.
 Lawrie, Miss May, Kalemouth, Rox-
 burgh.
 Lindsay, Miss, Auchengray.
 Lindsay, Miss, Cogries, Beattock.
 Lockhart, Miss, Kirminnoch, Stranraer.
 MacAulay, Miss, Lochmaddy.
 M'Beth, Mrs., Pitlochry.
 M'Callum, Miss, Foulford, Moonzie,
 Crieff.
 M'Cartney, Miss, Kirkpatrick-Durham.
 M'Donald, Miss, Castlehill, Conon
 Bridge.
 M'Donald, Miss, Strathconan.
 Macdonald, Miss, The Manse, N. Uist,
 Lochmaddy.
 Macdonald, Mrs., Mossbank, Portree.
 Macduff, Miss, Tomnagrew, Strath-
 braan, Dunkeld.
 M'Gregor, Miss Kate, Rannagulzion,
 Bridge of Cally.
 M'Kay, Miss, Borrodale Schoolhouse,
 Glendale, Skye.
 Mackay, Miss, Brucefield, Portma-
 homack.
 Mackay, Miss, Fairfield, Grangemouth.
 Mackay, Miss M. A., Muir of Ord.
 Mackay, Mrs., Dunfermline House,
 Elgin.
 Mackenzie, Lady Marjorie, Balboughty,
 Perth.
 Mackenzie, Mrs., Carron Cottage,
 Lochcarron.
 Mackerchar, Miss Bella, Fernan, Loch
 Tay.
 Mackinnon, Mrs. J., Roag House,
 Dunvegan.
 Mackintosh, Mrs., National Bank,
 Grantown.
 M'Laren, Miss, West Bonhard, Car-
 nock, Dunfermline.
 Maclean, Miss, Killiecrankie.
 Maclean, Mrs., Riverfield House,
 Conon Bridge.
 MacLeay, Mrs. R., Borve Lodge, Obbe,
 Harris.
 M'Lennan, Miss, Cyder Hall, Dornoch.
 Macleod, Mrs., U.F.C. Manse, Knock.
 MacLeod, Mrs., of Glentarbert, Glen
 Saddell, Carradale.
 Maclure, Miss, Hopetoun St., Bathgate.
 Macmillan, Miss Boyd, U.F.C. Manse,
 Ullapool.
 Macnab, Miss, Forgeue Ho., Blairgowrie.
 M'Nair, Mrs., Millerhill.
 M'Niven, Miss, Fiddien, by Bunnessan.
 M'Phail, Miss, Ardachy Cot., Taynult.
 M'Pherson, Miss, Minto, Hawick.
 M'Vean, Mrs., Killiemore House,
 Pennyghael.
 Manson, Miss, Greenfield, Cunnings-
 burgh.
 Mason, Miss, Randolph Hotel, Buck-
 haven.
 Maxwell, Miss, Terraughtie, Dumfries.
 Millar, Mrs., Rossie Castle, Montrose.
 Millen, Miss, The Rest, Tayport.
 Miller, Miss, Kelloe, Edrom.
 Milne, Mrs., The Manse, Kinloch.
 Milroy, Miss B., Torsonce, Stow.
 Moir, Miss, Orlebar House, Glen Road,
 Dunblane.
 Moir, Mrs., Hill of Bolsham, Farnell,
 Brechin.
 Mortimer, Miss, Ellands, Brodie,
 Forbes.
 Munro, Miss, The Village, Dunbeath.
 Murdoch, Miss, St. Terran's, Forbes.
 Murray, Miss, Dunnymuck, Girvan.
 Murray, Miss, Rosehall House, Inver-
 shirn, Sutherland.
 Murray, Mrs., U.F.C. Manse, Fossoway.
 Oliver, Mrs. W., Hoselaw, Kelso.
 Osborne, Miss, Ballochroddie, Kirkcolum.
 Pairman, Miss, National Bank House,
 Biggar.
 Paterson, Miss, Hillhead Farm, Muck-
 hart, by Dollar.
 Paton, Miss Ella Forrester, Inglewood,
 Alloa.
 Pearson, Miss, Clochridge Stone, Glen-
 farg.
 Pollard-Urquhart, Mrs. Craigston
 Castle, Turriif.

- Pollok, Misses, Laurel Bank, Selkirk.
 Poole, Miss, Glenree, Lamash, Arran.
 Porter, Miss, Elsing House, Ardrossan.
 Porter, Miss, Maryfield, Battlehill.
 Prentice, Miss, Drumclog Cot., Forth.
 Prentice, Miss, Symington Lodge, Thankerton.
 Proudfoot, Miss, Capledrae, Lochgelly.
 Pye-Smith, Mrs., Toronto Lodge, Woodside, Coupar-Angus.
 Reid, Miss, Alburne Knowe, Markinch.
 Reid, Miss, Haughhead, Innerleithen.
 Reid, Miss, Hawkhill, Keiss.
 Reid, Miss, Thomanean, Milnathort.
 Reid, Miss Agnes, Tyneholm, Pencaitland.
 Renwick, Miss, Bedshiels, Duns.
 Riddick, Miss, Parkgate, Kirkmichael.
 Ritchie, Miss, Littleton, Inchture.
 Robertson, Miss, Fountainhall House, Pencaitland.
 Robertson, Miss, Hope View, North Queensferry.
 Robertson, Mrs., Torachilty, Strathpeffer.
 Roger, Misses, F.C. Manse, Johnshaven, Montrose.
 Rogers, Miss, Rosebery House, Gorebridge.
 Rogerson, Miss, Dalbeattie.
 Rogerson, Misses, Broomhills, Annan, by Gretna.
 Ross, Miss A., Easterferry, Dunkeld.
 Ross, Miss Dinah, Quatre Bras, Lybster.
 Ross, Mrs. Adam, Craigiehall, Craigmond Bridge.
 Rowett, Miss C., Bellevue Terrace, E. Thornlie, Wishaw.
 Russell, Mrs., Carriston, Markinch.
 Rutherford, Miss, Harestanes, Ancrum.
 Sanderson, Misses, The Birks, Gala-shiels.
 Scott, Miss, Lennel, Coldstream.
 Scott, Miss, Westruther, Laurer.
 Scott, Miss A., Craigielaw.
 Scott, Miss May, The Manse, New Abbey.
 Scrimgeour, Miss, Balnacraig, Fortingall.
 Selby, Miss, Mayfield, Crieff.
 Simpson, Miss, Hardiston, Kinross.
 Sinclair, Miss, Blackford Hotel, Blackford.
 Sinclair, Miss, Brough, Dunnet, Thurso.
 Sinclair, Miss F. E., 5 Strathaven Terrace, Oban.
 Sinclair, Miss Katie, Hawthorn Cottage, Berriedale.
 Sinclair, Miss Lizzie, Cockenzie.
 Sleven, Miss, Middleton Cot., Tiree.
 Sloan, Miss, Georgefield, Wester Kirk, Langholm.
 Smith, Miss, Inner Bridge, Villas, Guardbridge.
 Smith, Miss, Peterstown, Orphir.
 Smith, Miss Gardiner, Georgeville, Midcalder.
 Spears, Mrs., Kinglassie Schoolhouse, Cardenden.
 Spiers, Miss Bella, Gavington, Duns.
 Sprot, Miss A., Riddell, Lilliesleaf.
 Staward, Miss, Belwood, Milton Bridge.
 Steedman, Mrs., Douglas, Lanarkshire.
 Stevenson, Miss, Bedrule Manse, Jedburgh.
 Stevenson, Miss, Birgham, Coldstream.
 Stevenson, Miss, Island Farm, Bothkennar.
 Stewart, Miss, Fairfield Ho., Falkirk.
 Stewart, Miss, Woodside Cottage, Weem, Aberfeldy.
 Stodard, Miss, Winton Hill, Pencaitland.
 Strachan, Miss, Holywood, Bo'ness.
 Stuart, Miss, Ballimore, Nethy Bridge.
 Sutherland, Miss, Vidlin, Shetland.
 Symon, Miss, East Balmoral, Crathie.
 Taylor, Mrs. P., Dunsmuir, Corstorphine.
 Thomas, Miss, Wellington Pl., Alloa.
 Thomson, Mrs., Whinkerstones, Duns.
 Thomson, Miss C., 37 South St., Duns.
 Turnbull, Mrs., Auchencairn, Castle-Douglas.
 Tweedie, Mrs., Kilconquhar, Fife.
 Urquhart, Miss Janie, The Hove, Eaglesfield, Ecclefechan.
 Valence, Miss, Fouliden New Mains, Berwick.
 Vickers, Miss, Old Pentland, Loanhead.
 Walker, Miss, Braidwood Station, Carluke.
 Walker, Miss, High Street, Gatehouse.
 Walker, Miss Grace C., High Skeog, Whithorn.
 Walker, Mrs., Flavering, Errol.
 Wands, Mrs., Glendevon, Lesmahagow.
 Watson, Miss, Byreburn, Canonbie.
 Welsh, Miss, Ashbank, Wormit.
 Wilson, Miss, Crailing Gdns., Jedburgh.
 Wilson, Miss N., Old Castle, Carron-shore.
 Wilson, Mrs., Park House, Kincardine-on-Forth.
 Wiseman, Mrs., The Anchorage, Lossiemouth.
 Young, Miss, Dalswinton Village, Kirkmahoe.
 Young, Miss J., Abbotsford, Kirkcaldy.

APPEAL.

CONSUMPTION is our gravest national enemy. Appalling and grievous as have been the British losses in the South African campaign by rifle and by fever, they form but a fraction as compared with the deaths and disability caused *every year* by consumption.

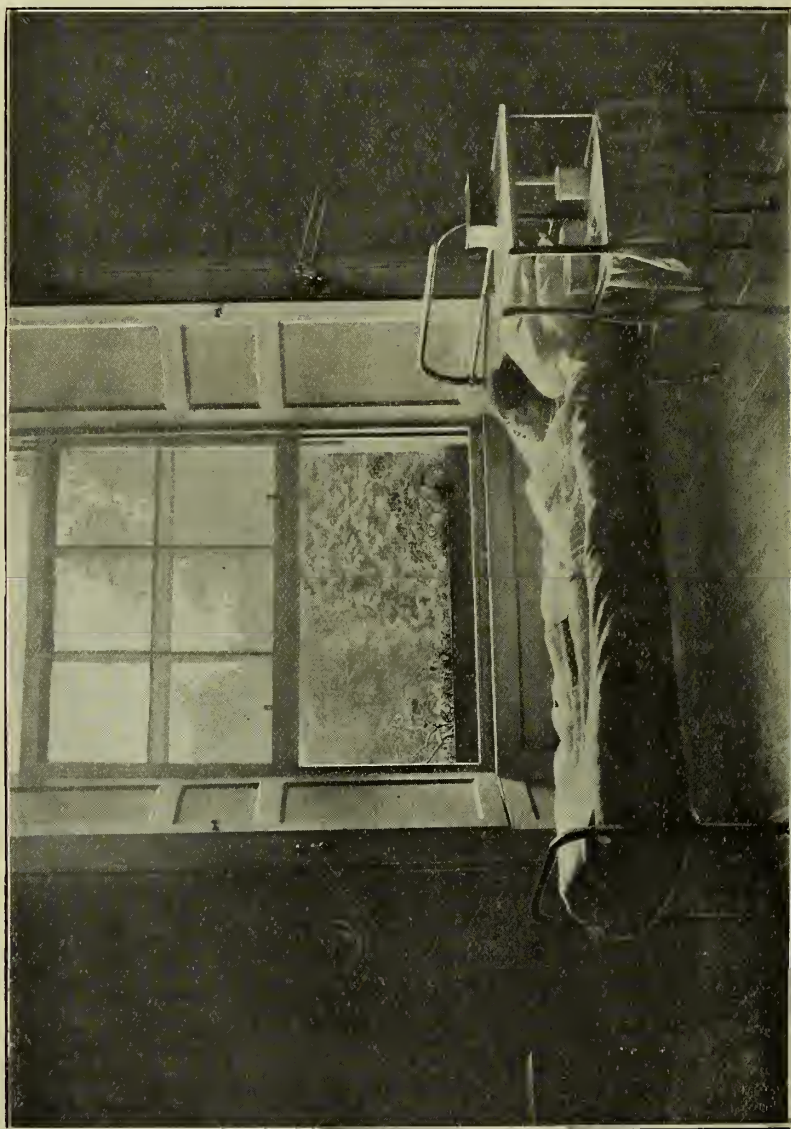
About 60,000 persons die *every year* of consumption in the United Kingdom. In Scotland alone, some 7000 are killed *every year* by the disease. In the city of



SCREEN SHELTERS: DINNER.

Edinburgh the *annual* mortality from consumption may be reckoned as 500. The mortality is greater than that of all the fevers taken together.

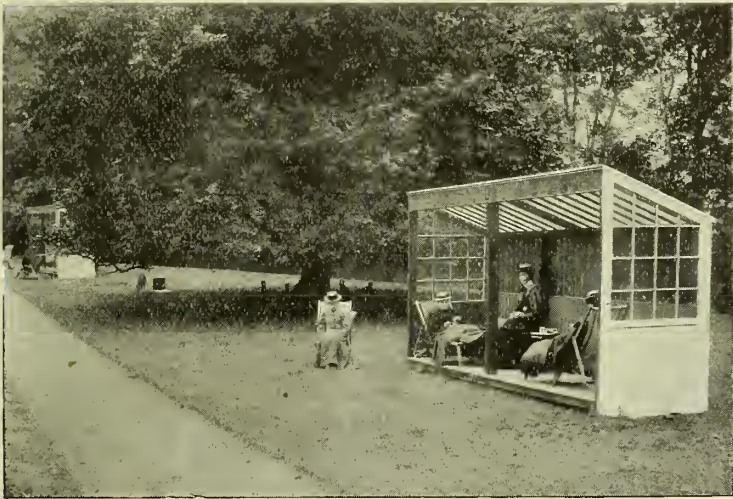
If, in place of the deaths, we calculate the yearly amount of disability for work caused by consumption in the United Kingdom, the total falls little short of half a million persons. Without cessation, month after month, the relentless foe selects its victims from all



WARD IN SANATORIUM—CONTINUOUS OPEN WINDOW.

classes, especially during the active working ages. Consumption slays by inches. It frequently takes years to effect the fatal work. All the while the victim is gradually declining, and, in many instances, involved in financial as well as physical bankruptcy. The loss to the individual household and to the community is immense.

Consumption can be Prevented.—By the adoption of hygienic measures much has already been effected. The vast significance of fresh air, and light, and cleanliness



COVERED SHELTERS IN GROUNDS.

is slowly being recognised. Public opinion is gradually ripening with reference to the duty of municipalities and local authorities. It is gratifying to note that a number of measures, proposed and carried out voluntarily by the Victoria Hospital for a good many years, have been adopted by public bodies in different parts of the Empire. Much more remains to be done.

Consumption is Curable.—This is absolutely true. Cures which have stood the test of several years' trial have been effected at the Victoria Hospital. But the

possibility of cure is conditioned by several demands not easy of attainment in the contracted dwellings of working people.

The crying need of the time is a great extension of hospital or sanatorium accommodation for the *rational and effective treatment of consumption*, i.e. *on open-air lines*.

The Victoria Hospital, which was the first hospital in Scotland devoted to the treatment of consumption, has engaged successfully in the treatment and cure of the disease on open-air lines ever since its opening, six years ago. The results have been throughout eminently gratifying. It has been *from the first a truly national institution*, as the medical statistics (p. 21) show. Patients have been received in order of application, if suitable for treatment, from every part of Scotland, and, indeed, of the United Kingdom. The Hospital has been visited by medical and lay deputations from many towns of Scotland and England, and its methods have frequently served as a model for similar institutions throughout the kingdom.

The Victoria Hospital occupies one of the most beautiful sites in the vicinity of Edinburgh. The natural advantages are of the first order. The Hospital is surrounded by a richly wooded park of some fifteen acres, which slopes towards the south. The suitability of the site has been most convincingly attested by the remarkable results obtained. The lovely grounds are provided with every facility for treatment in the way of covered shelters, rotating screens, and graduated walks.

The accommodation is meantime limited to twenty-three. This represents an increase of seven beds during the past year. For this the Committee are supremely thankful; but they are far from satisfied.

What are twenty-three beds in view of the vast figures which have been quoted? Any time *the Hospital might be filled ten times over with deserving cases*.



CONTINUOUS OPEN-AIR TREATMENT FOR PATIENT CONFINED TO BED.

Words fail to portray the profoundly grievous prospect unveiled by the never ending applications for admission which reach the Hospital. There is *constantly a waiting list of some 100 patients*, to whom admission has been promised in turn. Sad to say, the patient has often to wait six or eight months or longer before his turn comes.

Delay means far more than immediate disappointment.—Each week of delay means for most patients the risk of grave aggravation of the disease. Again and again the terrible tale repeats itself—that patients have died while waiting for admission.

The Committee are *powerless without funds*. With money, *immediate extension* can be effected. The Hospital has been arranged on a simple plan for purposes of extension. Last year eight new beds were provided, and the necessary building completed in three months' time.

Further Extension is only a Question of Money.—*One Thousand Pounds will provide additional accommodation for eight patients. Seventy-five pounds per annum will provide for the residence and treatment of four patients during three months each.*

With renewed earnestness the Committee plead for means to enable them to offer the advantages of the Hospital to others of the vast suffering crowd.

In name of the Committee,

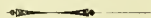
ALEX. CHRISTISON,
President.

THE TENTH ANNUAL REPORT
OF THE
COMMITTEE OF MANAGEMENT

OF THE

Victoria Hospital for Consumption,
Craigleith, Edinburgh,

For the year ending 31st March 1900.



THE Committee have pleasure in submitting their Tenth Annual Report. They have much gratification in recording that the year has been one of solid work and substantial progress. The accommodation for indoor patients has been increased, so that the total number of patients under treatment has been greater than in previous years. Interest in the prevention and treatment of consumption has been still further awakened, and the Hospital has been much visited by persons from all parts of the kingdom.

THE HOSPITAL OR SANATORIUM.

Since the opening of the Hospital up to 31st March 1900, 506 individual patients have been under treatment in the Hospital. During the year 117 were admitted.

As before, the applications for admission have been vastly in excess of existing resources. Because of the limited accommodation many patients have to be refused altogether, and many more, who ought to be admitted at once, have to be placed on the waiting list. Under present conditions, there is commonly a delay of six to nine months between the date of application and admission to the Hospital. The Committee deplore the delay, and would willingly have it curtailed or abolished by the erection of annexes both for male and female patients.

The first annexe, with accommodation for eight additional male patients, was added to the Hospital this year. Erected and furnished for less than a thousand pounds, it has answered its purpose admirably. The patients under treatment in the new building have done particularly well.

The results generally continue to be most satisfactory. A large proportion of patients have been restored to health—that is, have been able to resume and continue regular work since discharge. Many more have been much benefited, and, in addition, taught how to treat themselves in their own homes. A number of them continue to spend their days at the Hospital, after the expiry of their term of residence, and thereby are enabled to maintain the régime more strictly than if they were discharged altogether. This arrangement, while adding to the expenditure of the Hospital, has been of signal service towards the completion of a cure, which might otherwise be impossible by reason of the limitation of actual residence which the crowd of applicants necessitates.

In a few cases, especially among those recommended from a distance, the disease was too far advanced to admit of lasting benefit. In the interests of the patients themselves, it is a pity that such patients should be sent to the Hospital. Moreover, they occupy beds which would more profitably be given to patients whose disease is at a more hopeful stage. The Committee hope that a time will come when the space at their disposal will justify more general admission. Meantime they feel that preference should be given to the less hopeless cases.

The open-air treatment—the *cure à l'air libre*—continues to be carried out successfully, as it has been since the commencement of operations. Six years' experience corroborates the testimony afforded in preceding reports, that it is the most efficient, as it is the most rational, treatment of the disease. The provision for open-air accommodation has accordingly been further amplified.

The Hospital has been honoured by visits from a large number of persons interested in the work. The list includes the Lord High Commissioner and party, and deputations from many districts of the United Kingdom. The Committee have been gratified by statements and letters indicating that the Hospital continues to serve as a model for consumptive hospitals elsewhere. The Committee will always welcome visitors, who, from interest or sympathy, desire to see something of the work.

OUT-PATIENT DEPARTMENT.

The numbers in attendance have been very large. The total number of individual cases since the date of opening has been 8829. The patients are not only benefited immediately, but through their agency, printed instructions regarding the prevention and treatment of the disease have been widely circulated. There has been noted a marked diminution in the number of advanced or dying patients presenting themselves for the first time. The Committee believe that this is due in considerable part to more accurate knowledge regarding the nature and treatment of the disease, which the work of the Hospital has effected throughout the community.

HOME VISITING.

The system of visiting, on the part of a competent medical officer, of consumptive patients, not otherwise attended, at their own homes, has been of the greatest service. In this way bed-ridden patients have had their sufferings alleviated, and not a little has been done to limit the propagation of the disease throughout the household.

SAMARITAN COMMITTEE.

The ladies of the Samaritan Committee have continued their tender ministrations to the poorer patients in advanced stages of the disease. In co-operation with the medical officers, they have distributed invalid comforts of various kinds, when these were urgently called for.

DISPENSING DEPARTMENT.

The medicines and food stuffs desirable for many consumptive patients cost money. The Committee have kept a watchful eye on this department, and believe that their outlays are made on as economic a plan as circumstances justify.

REVENUE.

Owing to the Ordinary Income being short of the Expenditure by £79, 15s. 10d., the Balance at the debit of the Revenue Account at 31st March 1899 has been increased to £870, 14s. 4d. at 31st March 1900. The Committee avail themselves of this opportunity to earnestly

beg for increased annual subscriptions both in number and amount. It takes fully £70 per annum to maintain each bed in the Hospital.

EXTENSION.

In view of the urgent necessity for a large increase of beds, the Committee renew the expression of their hope that some wealthy philanthropic citizen will speedily undertake the extension of the Hospital on a scale worthy of the necessity.

The Committee report with much pleasure that the very desirable site on which the Hospital is built, consisting of fifteen acres of finely wooded land, has been permanently acquired, at a cost of £17,000, for the purposes of the Hospital. The Hospital can be extended almost indefinitely on a simple plan, so soon as money is intrusted to the Committee. The experience of the Committee in relation to the building of the first annexe shows that suitable extension can be provided very rapidly on economic lines, provided only there be some guarantee as to the cost of maintenance.

The Committee would thank the many friends who have already taken part in the work by subscription or donation. More especially, on the present occasion, they desire to thank contributors to the recent Extension Scheme for their generous help. Special acknowledgment of the donations will be found on pp. 57-59. Valuable aid has been obtained throughout Scotland by the establishment of Local Auxiliaries for the collection of subscriptions (see pp. 4-8). The Committee are most grateful to the ladies and gentlemen forming the auxiliaries for their generous labours in helping so materially to extend the usefulness of this National Institution. They have also to record their gratitude to the members of the medical staff and the other office-bearers, the lady superintendent and nurses, the ladies who have volunteered their services in connection with the Samaritan work, and the lady collectors. They would also thank the clergymen whose kind services have been given to the Hospital.

In name of the Committee of Management,

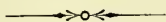
ALEXANDER CHRISTISON,

President.

31st March 1900.

From SCOTSMAN, 23rd November 1900.

CONSUMPTION HOSPITALS IN SCOTLAND FOR THE POOR.



1 NORTH CHARLOTTE STREET,
EDINBURGH, 22nd November 1900.

SIR,

As reported in your columns to-day, reference was made at a meeting in Glasgow to the limited provision for Consumptive Patients in Scotland. This state of matters has been emphasised in each successive report of the Victoria Hospital for Consumption. Recently there have been gratifying indications that communities are awakening to a sense of their responsibility in the matter; and we desire to point out that the allusion to the Victoria Hospital in Edinburgh as a small place with fifteen beds is misleading.

The Victoria Hospital contains at present twenty-three beds, and is capable of great extension. The rate of progress is necessarily governed by the funds, but the possibility for rapid and satisfactory extension exists.

The park and grounds, extending to about fifteen acres in a most eligible situation, have recently been purchased for the sum of nearly £17,000. The arrangements for open-air treatment are extensive, and have served as a model for a good many hospitals in the United Kingdom.

Up to the present, about six hundred patients have been treated within the hospital, with most gratifying results, and many thousands have been attended to as out-patients. The demand on the beds is very great from Edinburgh and all

over Scotland. About one hundred patients are at present awaiting admission in their turn, which implies a delay of some eight or nine months between the date of application and admission. Each week of delay means, for most patients, the risk of grave aggravation of the disease. The Committee deplore the delay, but it is unavoidable until increased funds are at their disposal. About £75 per annum is required to endow each bed, *i.e.* to provide for the residence of six patients during two months, or four patients during three months, each. One thousand pounds is sufficient to build each annexe suited for the accommodation of eight or ten patients.

The facts above stated will show that the work done at the Victoria Hospital is already important, and can be increased as rapidly as funds are placed at the disposal of the Committee.—We are, etc.,

WALLACE & GUTHRIE,
Hon. Secretaries of the Victoria Hospital.

MEDICAL STATISTICS.

HOSPITAL—INDOOR PATIENTS.

From date of opening in autumn 1894 till 31st March 1900, 506 patients have been under treatment in the Hospital.

TABLE I.—SHOWING OCCUPATIONS OF PATIENTS.

Asylum Attendants . . .	1	Labourers . . .	13
Bakers . . .	2	Lady's Companions . . .	2
Black Borderers . . .	1	Laundresses . . .	2
Blacksmiths . . .	6	Librarians . . .	1
Bookfolders . . .	6	Machinists . . .	7
Booksellers . . .	1	Maltmen . . .	1
Brassfounders . . .	1	Marine Firemen . . .	1
Brick Kiln-setters . . .	1	Masons . . .	15
Butchers . . .	1	Medical Practitioners . . .	1
Butlers . . .	1	Messengers . . .	4
Cabinetmakers . . .	2	Millworkers . . .	11
Canvas Embossers . . .	1	Milliners . . .	1
Chemists . . .	2	Miners . . .	3
Claypipe Makers . . .	1	Nondescript . . .	32
Clerks . . .	32	Nurses . . .	3
Coopers . . .	3	Nursemaids . . .	10
Crofters . . .	1	Painters . . .	4
Dairymaids . . .	2	Paper Bagmakers . . .	2
Dairymen . . .	2	Paper Workers . . .	3
Domestic Servants . . .	34	Ploughmen . . .	2
Drapers . . .	1	Plasterers . . .	1
Dressmakers . . .	22	Pitmen . . .	1
Dyeworkers . . .	2	Plumbers . . .	12
Electrotype Finishers . . .	2	Policemen . . .	2
Engineers . . .	4	Porters . . .	2
Engravers . . .	1	Postmen . . .	1
Envelope Folders . . .	2	Pressers . . .	2
Factory Workers . . .	4	Printers and Compositors . . .	19
Fishermen . . .	4	Publicans . . .	1
Footmen . . .	1	Pursemakers . . .	1
French Polishers . . .	1	Quarrymen . . .	1
Gardeners . . .	4	Road Superintendents . . .	1
Glassworkers . . .	4	Railway Workers . . .	5
Golfers (Professional) . . .	1	Relief Stampers . . .	1
Governesses . . .	2	Rubber Workers . . .	3
Grocers . . .	3	Salesmen . . .	6
Grooms . . .	4	Saleswomen . . .	2
Gunsmiths . . .	1	Seamen . . .	4
Housewives . . .	58	School Children . . .	11
Housekeepers . . .	1	Schoolmasters . . .	1
Index-cutters . . .	1	Seedsman . . .	1
Ironfounders . . .	2	Shepherds . . .	1
Ironmongers . . .	1	Shirtmakers . . .	1
Joiners . . .	14	Shoemakers . . .	1
Journalists . . .	1	Shopkeepers . . .	2

TABLE I.—*continued.*

Shopgirls	11	Valets	1
Stablemen	1	Waiters	3
Students	1	Waitresses	2
Tailors	18	Watchmakers	1
Teachers	5	Weavers	2
Tinsmiths	1	Wood Carvers	1
Tobacconists	1	Woolsorters	3
Tram Conductors	1	Warehousemen	1
Typists	1	Wardmaids	1
Upholsterers	5		
Van Builders	1		506
Vanmen	2		

TABLE II.—SHOWING AGES OF PATIENTS.

Under 11	4
From 11-20	152
„ 21-30	217
„ 31-40	84
„ 41-50	45
Over 50	4
	<hr/> 506

TABLE III.—SHOWING SEX OF PATIENTS.

Males	257
Females	249
	<hr/> 506

TABLE IV.—SHOWING RESIDENCE OF PATIENTS.

Edinburgh	284
Vicinity of Edinburgh	65
Country—	
Argyllshire	1
Ayrshire	2
Banffshire	1
Berwickshire	10
British Guiana	1
Caithness-shire	2
Dumbartonshire	1
East Lothian	6
Fifeshire	23
Forfarshire	14
Haddingtonshire	6
Harris	1
Inverness-shire	2
Kincardineshire	1
Kinross-shire	2
Lanarkshire	17
Linlithgowshire	10

TABLE IV.—*continued.*

Midlothian	12
Orkney	1
Peebles	1
Perthshire	15
Renfrewshire	3
Ross-shire	1
Roxburghshire	4
Selkirkshire	4
Shetland	5
Stirlingshire	10
Switzerland	1
	<hr/> 157
	506

OUT-PATIENT DEPARTMENT.

Up to 31st March 1900, 8829 *individual cases* received treatment at the Out-Patient Department.

TABLE I.—SHOWING ATTENDANCES FROM 31ST MARCH 1899
TILL 31ST MARCH 1900.

	At Institution.	At their own Homes.	TOTAL.
April	670	89	759
May	898	105	1003
June	716	128	844
July	508	90	598
August	444	132	576
September	431	121	552
October	457	120	586
November	490	280	770
December	415	372	787
January	535	419	954
February	518	445	963
March	612	486	1098
	<hr/> 6694	<hr/> 2796	<hr/> 9490

TABLE II.—SHOWING DISEASES FROM WHICH PATIENTS SUFFERED.

Pulmonary Tuberculosis	5758	Pleura, Affections of	175
Bronchitis	1027	Larynx, Affections of	150
Emphysema, with Bronchitis, Asthma, etc.	377	Affections of related Organs, Throat, Stomach, Bowels, Heart, Kidneys, etc. (a large proportion being tuberculous)	1099
Edema of Lungs, with or without Bronchitis, Weak Heart, etc.	205		
Capillary Bronchitis	19		
Croupous Pneumonia	9		
Injury to Chest, and Hernia of Lungs	10		<hr/> 8829

TABLE III.—SHOWING OCCUPATIONS OF PATIENTS.

Artists	12	Labourers	619
Athletes	1	Laundresses	57
Bakers	98	Leather Workers	10
Blacksmiths	71	Librarians	2
Bookbinders and Folders	150	Lithographers	7
Brassfinishers	59	Lorrymen and Carters	91
Butchers	34	Maltmen	26
Cabmen and Grooms	102	Masons	394
Carpenters, Joiners, and Woodworkers	341	Millworkers	159
Charwomen	90	Musicians	10
Chemists	13	Nondescript	497
Children (below fifteen)	970	Painters	95
Chimney Sweeps	4	Paper Cutters	39
Clerks and Warehousemen	266	Plasterers	33
Coal Miners and Workers	67	Plumbers	53
Comb and Brush Makers	10	Policemen and Watchmen	19
Corkcutters	14	Porters	113
Dairymen	3	Postmen, Lamplighters, etc.	16
Domestic Servants	314	Printers, Compositors, etc.	239
Engineers and Enginemen	136	Riggers	4
Farm Servants	5	Rubber Workers	136
Firemen	29	Salesmen	138
Fishermen and Sailors	129	Saleswomen	141
Fishwomen	40	Seamstresses and Dressmakers	206
Fitters and Riveters	30	Shoemakers	86
Gardeners and Farmers	41	Sick Nurses	38
Gatekeepers and Messengers	57	Slaters	24
Glasscutters and Grinders	22	Soldiers	18
Glaziers and Gilders	22	Spinners	6
Grocers	51	Students	12
Guards	23	Tailors and Hatters	204
Gunmakers	9	Tanners and Curriers	24
Hairdressers	36	Teachers	51
Hawkers	66	Tinworkers	32
Housewives	1564	Upholsterers	7
Insurance Agents and Com- mercial Travellers	98	Waiters	80
Ironmoulders and Typefounders	86	Weavers	30
Jewellers and Watchmakers	35	Wireworkers	15
			<hr/>
			8829

TABLE IV.—SHOWING AGES OF PATIENTS.

From 1-10	646
„ 11-20	1720
„ 21-30	2461
„ 31-40	1861
„ 41-50	1136
„ 51-60	608
Above 60	397
	<hr/>
	8829

TABLE V.—SHOWING SEX OF PATIENTS.

Males	4949
Females	3880
	<hr/>
	8829

TABLE VI.—SHOWING RESIDENCE OF PATIENTS.

Edinburgh	6986
Leith, Newhaven, and Trinity	967
Country	876
	<hr/>
	8829

TABLE VII.—SHOWING DISTRICTS FROM WHICH PATIENTS HAVE BEEN RECEIVED, OTHER THAN EDINBURGH, LEITH, AND IMMEDIATE VICINITY.

Aberdeen	1	Cumberland	1
Aberdour	4	Currie	3
Addiewell	1	Dalhousie	1
Alexandria	1	Dalkeith	17
Alloa	3	Dalmeny	1
Alnwick	1	Davidson's Mains	5
Alyth	1	Denham	1
Alva	6	Denny	1
Arbroath	1	Duddingston	6
Argyllshire	1	Dumbarton	1
Auchindinny	1	Dumfries	4
Ayr	1	Dunbar	7
Ayton	1	Dunblane	1
Bathgate	5	Dundee	14
Belfast	1	Dundonald	1
Berwick-on-Tweed	3	Dunfermline	25
Biggar	1	Duns	3
Blantyre	1	Dysart	2
Blackhall	7	East Calder	5
Blair Atholl	1	Earlston	3
Bo'ness	5	Elgin	1
Bonnyrigg	18	Elphinston	1
Blairgowrie	2	England	16
Broxburn	32	Eyemouth	1
Burntisland	5	Falkirk	15
Caithness	2	Fauldhouse	1
Carlisle	2	Fife	9
Cleland	1	Ford	1
Coatbridge	1	Forres	1
Cockenzie	66	Galashiels	11
Colinton	6	Garvald	2
Corstorphine	7	Glasgow	75
Cowdenbeath	1	Gordon	1
Chirnside	1	Gorebridge	6
Cramond	1	Govan	2
Crieff	2	Grangemouth	9

TABLE VII.—*continued.*

Granton	4	Musselburgh and Fisherrow	54
Haddington	6	North Berwick	3
Hamilton	4	Orkney and Shetland	20
Hawick	3	Paisley	1
Helmsdale	1	Peebles	12
Innerleithen	4	Pencaitland	13
Inverkeithing	1	Penicuik	17
Inverness	4	Perth	6
Ireland	1	Pitlochry	1
Jedburgh	1	Polton	1
Johnstone	1	Portobello and Joppa	51
Juniper Green	3	Prestonpans	18
Kelso	1	Queensferry, N. and S.	10
Kinghorn	1	Rosewell	2
Kingsknowe	1	Roslin	2
Kirkcaldy	30	Ross-shire	1
Kirkintilloch	1	Rothesay	1
Kirknewton	1	St. Boswells	2
Lanark	4	Selkirk	3
Langsidehouse	1	Shotts	2
Lauder	1	Slateford	8
Leslie	1	South Shields	1
Leven	1	Stenton	1
Liberton	11	Stirling	7
Linnithgow	4	Stow	1
Livingston	1	Tain	1
Loanhead	10	Tillicoultry	2
Lochgelly	1	Tranent	44
Lockerbie	2	Tynecastle	1
London	2	Uphall	4
Longniddry	2	Wales	1
Macmerry	1	Walkerburn	2
Manuel	1	Wemyss	3
Markinch	2	West Calder	3
Maybole	1	Winchburgh	1
Midcalder	9	Australia	1
Milton Bridge	1		
Moffat	1		
Montrose	2		

ILLUSTRATIVE CASES.

T. R., a chemist's assistant, age twenty-three, admitted into Hospital, July 1895, suffering from consumption both of chest and throat, his voice gone, and his condition such as to utterly incapacitate him for work. He did well while in Hospital, regained his voice, and put on flesh. After leaving he continued to live on the lines he had been taught, with the result that he is now in perfect health, following his occupation in a town in the north.

W. K., plumber's apprentice, age seventeen, admitted into Hospital, August 1895, with both lungs affected. He made a most satisfactory recovery, and on leaving Hospital, acting on the advice given him, went for a trip to the Mediterranean. The sea suited him so well that he gave up his old occupation, and is now employed as a steward.

E. G., electrical mechanic, age twenty-one, admitted November 1895. The condition of this patient's lungs was so bad that there seemed little hope of his life being spared. He improved, however, and after being kept under observation for a long time, and carrying on the treatment, he was able to return to work about a year ago, and is now keeping very well.

W. N., teacher, age nineteen, admitted May 1896. Had been obliged to give up his work owing to consumption, with bleeding from the lungs. He improved immensely during residence in Hospital, gaining strength and weight. The improvement has been steadily maintained, and he is now at his old work, looking perfectly strong and fit.

OUT-PATIENT DEPARTMENT.

THE following cases, taken at random from the note-book of the Assistant Medical Officer, serve to illustrate the nature of this department of the work:—

Case of A. B.—Girl, seventeen years of age, with tuberculous disease of both lungs rapidly advancing. I found this patient lying in the corner of a large room, two stories below the street level, dark, damp, ill-ventilated, the only window looking out on a small patch of dirty grass at the same level as the floor of the dwelling-house. At the opposite corner of the room was another bed in which her father, uncle, and little brother slept, her mother and some other members of the family having already died of phthisis. She lay on a dirty bed,—expectorating into scraps of linen which were thrown carelessly about the room,—not properly fed, clothed, or nursed. With such surroundings the poor child had to lie for weeks, racked by pain and constant coughing, gasping for breath, in a high fever, suffering greatly from thirst, till death relieved her from her suffering. Her friends, though doing everything in their power, had neither the means nor the knowledge required to nurse her properly.

Case of W. L.—Twenty-two years of age, married, with advanced tuberculous disease of both lungs and alimentary tract. Suffering from pain in chest, distressing cough, high fever, profuse sweating, and diarrhœa. This patient—as is so common in these cases—has struggled on for months at his work, unable to keep up his benefit society payments, always hoping to be “soon better,” and able to pay up arrears. When at length his illness compelled him to stop work, he finds himself without resources of any kind, and dependent on charity or the “parish.” He has three shillings and sixpence a week from a charitable society, with which he has to provide food and shelter for himself, wife, and child. They live in a small room, three flats up, bright and fairly clean, but all fresh air excluded for fear of “colds.” Needless to say, this patient is unable to get proper food or medicines, and his young and ignorant wife, with a house and child to attend to, can do but little as a nurse, and both run serious risk to their own health.

Case of T. E.—Thirty-five years of age, with wife and three children. This patient has been off work for a considerable time with tuberculous lung disease. He suffers greatly from cough, pain in chest, and breathlessness. He suffers much also from cold. His bed is very dirty and the bedclothes scanty. He is left day after day quite by himself. From early morning till far on in the day his children are at school, and his wife—who is now the breadwinner—is out working, her precarious wage and a small pittance from the parish being their only means of livelihood. The sufferings of the patient are vastly increased by the conditions of his life—his inability to help when help is so much needed, his loneliness, his unsuitable surroundings, his want of food, clothing, nursing, medicine!

These cases, like all the others, were regularly visited from time to time, and everything that was possible in the circumstances done to promote recovery or alleviate suffering and prevent further propagation of the disease.

SAMARITAN WORK.

This graphic narrative, reported by one of the lady visitors, tells its own terribly sad tale:—

Case of A. G.—Married man, with young wife and two children. Unable to work for nine months; in the last stage of consumption. Wife working one day in the week; her confinement near, and unable to do much. In this state the household had just flitted to another house. A. G. quite exhausted with removal and unable to rise, suffering terribly from coughing, exhaustion, and expectoration. Wife obliged to put him on “shake-down” three days after removal, and infant born that evening in bed where husband had been. Thirty-six hours after, wife had to rise to let A. G. be put into the bed again, where he died twelve hours later in great suffering. Wife, new-born infant, and the two others, had to sleep on “shake-down” for three days, until the “parish” came to bury the husband and father! Is it to be wondered that consumption spreads?

ABSTRACT OF THE TREASURER'S ACCOUNTS, from 31st March 1899 to 31st March 1900.

I.—GENERAL REVENUE AND EXPENDITURE ACCOUNT.

CHARGE.

I. Revenue received—

1. Subscriptions and Donations	£2,114	2	8
2. Interest received, <i>less</i> paid	48	15	8
3. Rent received	12	0	0
4. Income Tax repaid by Government	5	4	6
	<hr/>		
	£2,180	2	10
II. Balance at debit of Account at 31st March 1900	870	14	4

DISCHARGE.

I. Payments chargeable against the Revenue—

1. Payments in connection with the Hospital—			
(1) Rent, Taxes, and Insurance	£133	0	2
(2) Provisions	534	13	8
(3) Salaries and Allowances to Resident Staff	164	8	6
(4) Servants' Wages	78	0	4
(5) Coals and Gas	134	18	8
(6) Furnishings and Repairs	138	6	11
(7) Medicines and Medical Appliances	138	11	10
(8) Lodge-keeper's Wages	52	0	0
(9) Expenses connected with Garden and Grounds	84	15	7
(10) Telephone Rent, £6, 10s.; Matron's Sundries, £26, 2s. 9d.; and Miscellaneous, £39, 2s. 9d. . . .	71	15	6
	<hr/>		
	£1,530	11	2

2. Payments in connection with the Dispensary—

(1) Rent, Taxes, and Insurance	£48	19	4
(2) Salary to Medical Assistant	60	0	0
(3) Coals and Gas	12	17	10
(4) Repairs	6	7	6
(5) Caretaker's Wages	36	0	0
(6) Medicine and Medical Appliances	204	11	9
(7) Telephone Rent, £5; Caretaker's Sundries, £7, 5s. 6d.; and Miscellaneous, £2, 15s. 2d. . . .	15	0	8
	<hr/>		
3. Printing	383	17	1
4. Expenses of Collections	128	16	0
5. Expenses of Management	165	13	2
6. Stationery, Postages, and Miscellaneous Expenses	26	5	0
	<hr/>		
	24	16	3
	<hr/>		
	£2,259	18	8
	790	18	6
	<hr/>		
	£3,050	17	2

II. Balance at debit of Account at 31st March 1899

£3,050 17 2

Less—Decrease in Value of Investments when realised	£5,913 10 0
	226 10 3
	<u>£5,686 19 9</u>
II. Donations to Extension Fund	7,554 12 4

£13,241 12 1

III.—ENDOWMENTS FUND.

CHARGE.

I. "Howard Graham Usher Bed"	£1,000 0 0
II. Donation from the late Julius H. Beilby, Esq., the Income available for Ordinary Expenditure	500 0 0
III. "George Vallance Bruce Bed"	1,000 0 0
	<u>£2,500 0 0</u>

DISCHARGE.

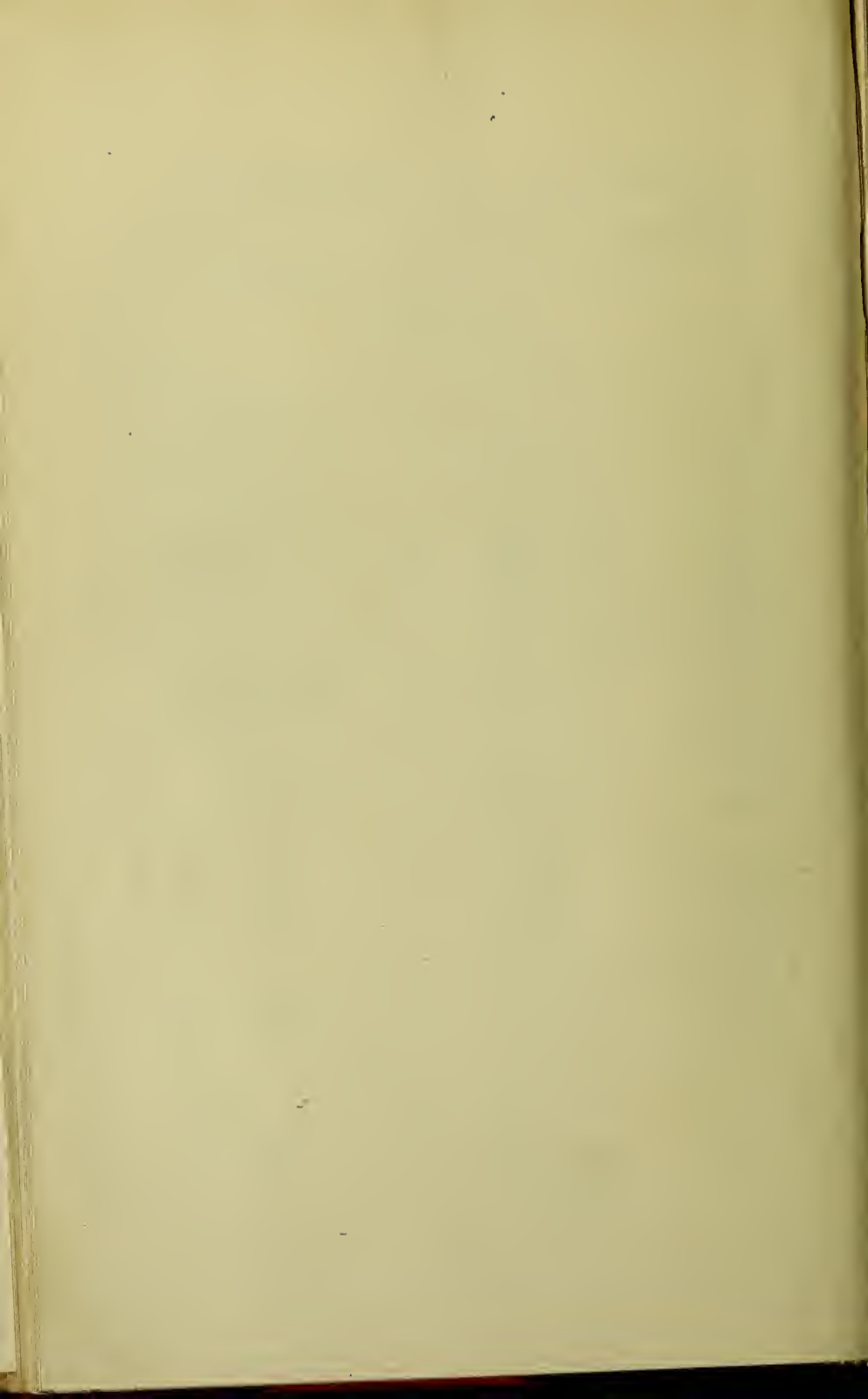
I. Balance at credit of Fund at 31st March 1900	£2,500 0 0
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IV.—STATEMENT OF FUNDS as at 31st MARCH 1900.

I. Balance at credit of Hospital Fund	£5,316 5 5
II. Do. Endowment Fund	2,500 0 0
	<u>£7,816 5 5</u>
I. Balance at debit of General Revenue and Expenditure Account	£870 14 4
II. Funds—	
(1) 125 Ordinary Preferred Shs. of £4 each, fully paid, in the Mortgage Company of South Australia	£500 0 0
(2) £1360 3½% Deb. Stock of the National Telephone Company at cost	1,479 14 0
(3) Sum on Deposit Receipt with Bank of Scotland	3,700 0 0
(4) Balance on Account Current with the Commercial Bank of Scotland	103 5 8
(5) Balance in hands of Matron for Expenses due by Treasurer (including certain Subscriptions and Donations received after 31st March, and put back	5 0 0
	<u>4,157 11 5</u>
	6,945 11 1
	<u>£7,816 5 5</u>

EDINBURGH, 15th November 1900.—I have examined the Account of the Intromissions of the Treasurer of the VICTORIA HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST for the year ending 31st March 1900, of which the above is an Abstract, and have found it correct. The balance of £1157 11s. 5d. due by the Treasurer is arrived at after including in the Account certain receipts and payments applicable to the period but not received or paid until after the time closed.

EDWARD BOYD, C.A., Auditor.



V.—CLOTHING, FOODS, MEDICINES, Etc.

The Committee have gratefully to acknowledge the receipt from several kind friends of gifts of clothing, blankets, furniture, books, nourishing foods, medicines, wines, etc., and to all such benevolent donors the Committee take this opportunity of returning their best thanks. In doing so they beg to commend this practical manifestation of interest to the friends of the Institution, as providing an important addition to the efficiency of the Dispensary among the subjects of chronic wasting disease.

•

Regulations for the Admission of Patients.

1. The Victoria Hospital is founded for the treatment of patients suffering from Consumption and allied Diseases of the Chest, who are in necessitous circumstances.

2. No patient whose household is in receipt of Parish Assistance shall be considered eligible for admission.

3. Patients will be admitted to indoor treatment only if the Physician is satisfied that the case may reasonably be expected to benefit thereby.

4. Subject to the above restrictions, patients will be received in order of application, according as vacancies may occur.

5. All applications for admission must be made directly to the Physician, Out-Patient Department, 26 Lauriston Place.

6. The length of residence in hospital will depend on the nature of the case. With regard to this the Physician shall be the sole judge.

7. No case shall be admitted twice in one year, save in quite exceptional circumstances.

8. In entering the Hospital, patients agree to conform rigidly to the Rules of the Institution. No patient shall be readmitted if he has once been discharged for breach of Rules.

OUT-PATIENT DEPARTMENT,

26 LAURISTON PLACE.

The Out-Patient Department is open for consultation to all necessitous patients suffering from Consumption or Diseases of the Chest.

Medicines are dispensed *gratis* only to such patients as the Physician ascertains to be in need of such further assistance. A formal charge of One Penny will be made for each prescription so dispensed.

Patients shall not receive advice or medicines unless they attend punctually at the appointed hours, which are indicated on the Prescription Form.

The above Regulations are subject to alteration by the Acting Committee.

Application Forms for Admission of Patients may be obtained from the Physician,
Victoria Hospital, Craigleith, Edinburgh.

Date,

*To THE HON. PHYSICIAN,
VICTORIA HOSPITAL FOR CONSUMPTION,
CRAIGLEITH, EDINBURGH.*

DEAR SIR,

I,*

aged

beg to apply for admission to the VICTORIA HOSPITAL FOR CONSUMPTION.

I enclose herewith report as to my present condition by my medical attendant, who has examined me for the purpose.

If admitted to the benefits of the Institution, I promise to conform to the regulations of the Hospital in every respect.

I am, dear Sir,

Yours faithfully,

*(*Name in full)*

(Postal Address in full)

VICTORIA HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, EDINBURGH.
MEDICAL EXAMINATION.

WITH A VIEW TO ADMISSION TO THE HOSPITAL:

(Statement to be completed and signed by Medical Attendant.)

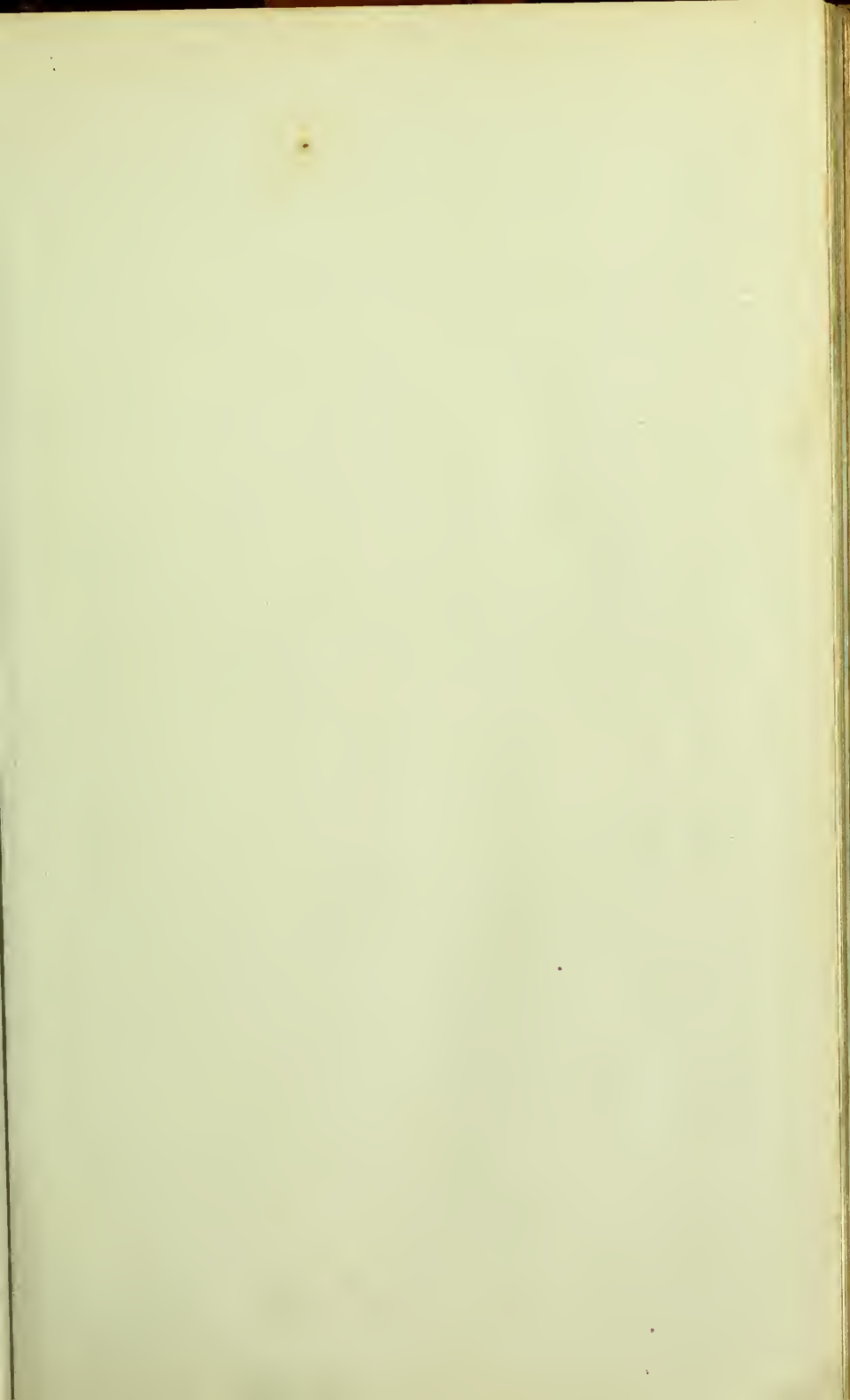
190

I have examined . . . condition as follows:—

GENERAL APPEARANCE.	SYMPTOMS.	PHYSICAL SIGNS.	TEMPERATURE.
URINE.			PULSE.

N.B.—The Medical Attendant will oblige by making the Statement as explicit as possible, and by forwarding it direct to the Hon. Physician.

Address,



THE OUT-PATIENT DEPARTMENT, 26 LAURISTON PLACE, is open for the reception of patients on MONDAYS, WEDNESDAYS, and FRIDAYS, at 3.30 p.m., and for the Dispensing of Medicines Daily (except Sunday), from 10 to 11 a.m., and 6 to 7 p.m.

THE VICTORIA HOSPITAL

FOR

CONSUMPTION

CRAIGLEITH, EDINBURGH



COVERED SHELTER IN GROUNDS.

REPORT FOR YEAR 1900-1901

Out-Patient Department—

26 LAURISTON PLACE, EDINBURGH

The Victoria Hospital for Consumption was established in 1887 as a Memorial of Queen Victoria's Jubilee.

In Memoriam Wards and Beds.

THE Trustees will be pleased to gratify the wish of any Donors who may desire to endow and name a Ward or single bed in the Victoria Hospital. They purpose, therefore, to affix to beds in perpetuity the name of any benefactor of the Hospital to the extent of £1000 by donation or legacy, who so desires it, and to Wards in recognition of larger donations.

Lord Derby, when presiding at the opening of the New Extension Building to Brompton Hospital for Consumption, alluding in his speech to Memorial Wards and Beds, said—"One cannot dictate the form which affection and regret shall take to display themselves; every one must make their own choice; but for myself, I cannot conceive a more satisfactory method of keeping alive the memory of a lost relative or friend, than by attaching his or her name permanently and inseparably to an institution which is intended to relieve suffering, and which for many generations to come may be a benefit to the living as well as a remembrance of the dead."

FORM OF LEGACY OR BEQUEST.

I give and bequeath to the VICTORIA HOSPITAL FOR CONSUMPTION, CRAIGLEITH, EDINBURGH, payable to the Treasurer of the Institution for the time being, the sum of
free of legacy duty.

Regulations for the Admission of Patients will be found on page 64.

THE
VICTORIA HOSPITAL
FOR
CONSUMPTION
CRAIGLEITH, EDINBURGH

Patrons and Patronesses.

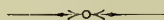
THE DUKE OF ARGYLL.
THE EARL OF ABERDEEN.
THE LADY MARY HOPE.

THE LADY SUSAN GRANT SUTTIE.
RIGHT HON. LORD KINNEAR.
HON. LORD KYLLACHY.

REPORT FOR YEAR 1900-1901

Out-Patient Department—
26 LAURISTON PLACE, EDINBURGH

OFFICE-BEARERS.



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SIR ALEXANDER CHRISTISON, BART.

Vice-President.

SIR GEORGE WARRENDER, BART.

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CHARLES J. GUTHRIE, Esq., K.C.

JAMES MYLNE, Esq., Writer to the Signet.

R. R. SIMPSON, Esq., Writer to the Signet.

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Rev. J. H. WILSON, D.D., Barclay Church, Edinburgh.

HENRY J. YOUNGER, Esq., of Benmore, Edinburgh.

Those marked * form the Committee of Management.

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 Mrs. GEORGE CRABBE, Rothesay Terrace.
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Resident Physician.

BEATRICE A. M'GREGOR, M.B., C.M.

Non-Resident Clinical Assistant.

FREDERICK GARDINER, M.B., C.M.

Lady Superintendent.

Miss GUY.

Honorary Secretaries.

WALLACE & GUTHRIE, W.S., 1 North Charlotte Street, Edinburgh.

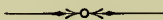
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Auditor.

EDWARD BOYD, C.A., 23 Thistle Street, Edinburgh.

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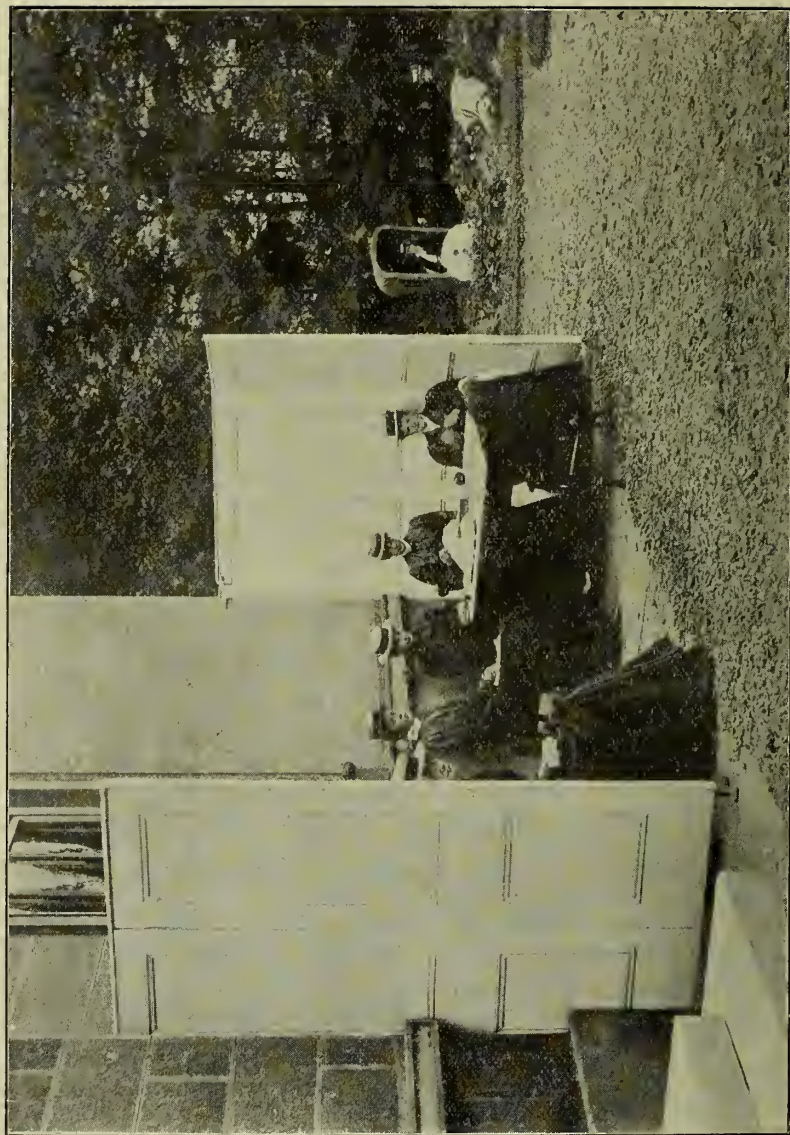
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Ardrossan—The COUNTESS OF EGLINTON, Eglinton Castle.
Auchtermuchty—Mrs. FAIRLIE, Myres Castle.
Bonkyl and Ednam—Mrs. SANDYS LUMSDAINE, West Blanterne.
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Clackmannanshire—The COUNTESS OF MAR AND KELLIE, Alloa House.
Cramond and Davidson's Mains—Mrs. ADAM CROSS, Craigiehall, Cramond Bridge.
Dalkeith—The MARCHIONESS OF LOTHIAN.
Duns—The Hon. LADY MILLER, Manderston.
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Kirknewton—Mrs. HAMILTON, Cairns.
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Linlithgowshire—The COUNTESS OF HOPETOUN.
Melrose—The COUNTESS OF DALKEITH, Eildon Hall.
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Newport—Miss LENG, Kinbrae.
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Pencailand—The Hon. Mrs. HAMILTON OGILVY, Winton Castle.
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Pitlochry—Mrs. MACBETH, Bank of Scotland House.
Pittenweem—LADY AVA-CAMPBELL, Gibleston.
Ratho and Dalmahoy—Miss BULLOCK, The Parsonage.
Rosslyn—LADY DRUMMOND, Hawthornden.
St. Boswells, Mertoun, and Bowden—Miss M. T. BAILLIE, Dryburgh House.
Stow—Miss MILROY, Torsonce.
Sumburgh (Shetland)—Mrs. BRUCE.
Sutherlandshire—The DUCHESS OF SUTHERLAND, Dunrobin Castle.

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 Begg, Miss, 4 Brandon Street.
 Blackie, Miss, Viewforth House, Leith.
 Blackstock, Miss Anna, 96 Findhorn Place.
 Bolton, Miss, 3 Oakville Ter., Leith.
 Breysig, Miss, Ashby, E. Saville Rd.
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 Brown, Miss, Firenze, Bruntsfield Pl.
 Burnside, Miss M., 3 Marchhall Cres.
 Carphin, Miss Jane, 24 Northumberland Street.
 Clarke, Miss M. E., 35 Braid Road.
 Cowley, Miss, 13 Eyre Crescent.
 Crawford, Miss Ray, 12 Carlton Street.
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 Dickson, Miss E., 3 Royal Circus.
 Drybrough, Miss S., 5 Ettrick Road.
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 Flett, Miss, 52 St. Alban's Road.
 Grant, Miss, 52 Brunswick Street.
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 Greig, Miss, 33 Warriston Crescent.
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 Lawson, Miss A., 34 George Square.
 Lawson, Mrs., 4 Melgund Terrace.
 Legget, Miss, 2 Ravelston Terrace.
 Lennox, Miss, 19 W. Nicolson Street.
 Lindsay, Miss, 22 Lygon Road.
 Low, Miss, 13 Stafford Street.
 Macbean, Miss, 26 Braid Crescent.
 M'Carthy, Miss, 31 Stafford Street.
 M'Cuaig, Mrs., 5 Hope Terrace.
 M'Culloch, Miss E. M., 3 Bellevue Crescent.
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 M'Kean, Miss, 5 Dudley Gardens.
 M'Lachlan, Miss, 187 Bruntsfield Pl.
 Mather, Miss Kate, The Lee, Colinton Road.
 Mathie, Miss, 17 Grange Terrace.
 Mathieson, Miss A., 52 N. Castle St.
 Miller, Miss, 20 Nelson Street.
 Muirhead, Miss, 9 Murrayfield Avenue.
 Newell, Miss, 6 Summerside Place, Leith.
 Ogg, Miss Mary, 35 Barony Street.
 Oswald, Miss, Eden Grove, Falcon Avenue.
 Patterson, Miss, 15 Parkside Terrace.
 Philip, Miss, 52 Blacket Place.
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 Pirie, Miss, 10 Summerside Place.
 Rae, Miss, 5 Cluny Avenue.
 Raimes, Misses, 5 Belford Park.
 Rolland, Miss A. J., 16 Alva Street.
 Russell, Miss H., 49 Braid Road.
 Russell, Miss Mary, 49 Braid Road.
 Salomons, Miss, 2 S. Lauder Road.
 Scott, Miss, North Park Terrace.
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 Stalker, Miss Lizzie, 23 Upper Gilmore Place.
 Surene, Miss, 76 Comiston Road.
 Sutherland, Miss, 18 Summerside Pl.
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 Thomson, Miss, 21 Braid Avenue.
 Thorburn, Miss E. M., 12 Hermitage Place, Leith.
 Turnbull, Miss, Alma Lodge, Strathearn Road.
 Walker, Miss, 17 Nile Grove.
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 Whyte, Miss, 5 Lauriston Park.
 Wilson, Miss, 8 Bonaly Road.

(For Names of COUNTRY LADY COLLECTORS, see pp. 46-60.)



OPEN-AIR TREATMENT-SCREEN_SHELTERS.

APPEAL.

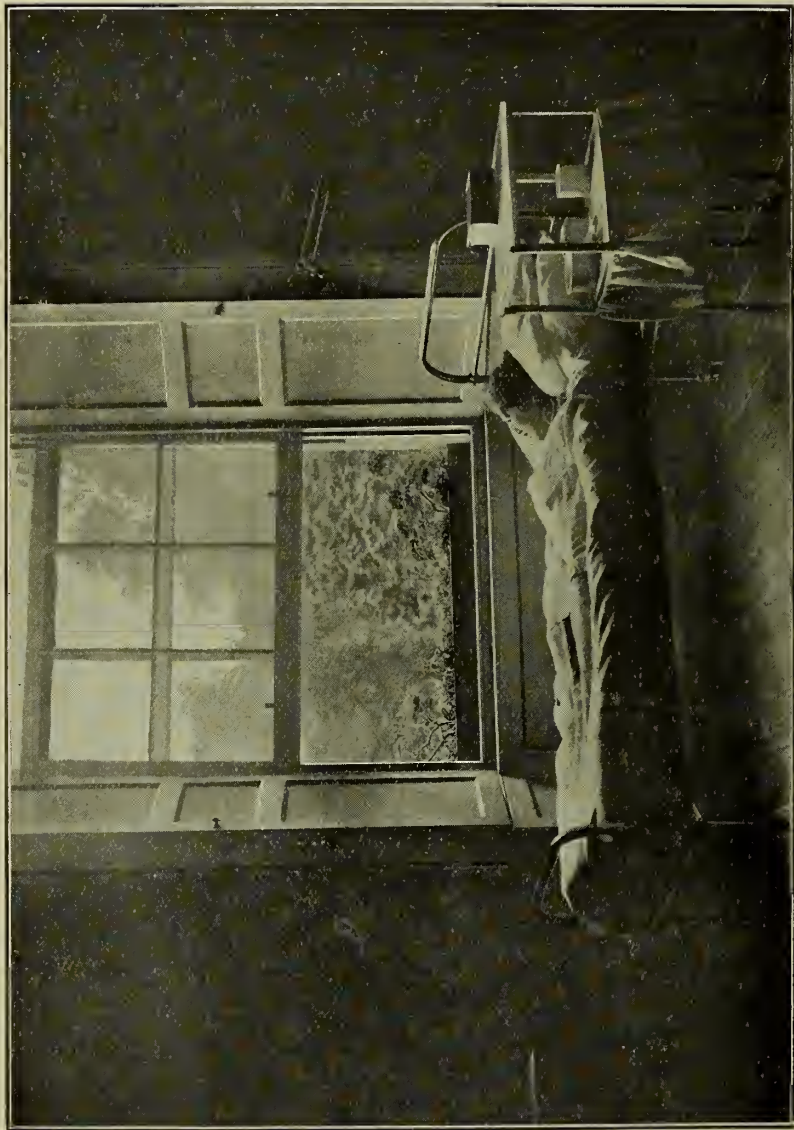
THE treatment of consumption has come to the front as never before. Nor can it be said to have come a moment too soon. It is well that we realise what consumption means to us nationally.

In successive Reports it has been shown how appalling is the mortality and distress caused by the disease. In Scotland some 7000 persons die every



SCREEN SHELTERS: DINNER.

year of consumption. In the City of Edinburgh the annual mortality numbers about 500, and in the various large towns of Scotland the number is correspondingly great. Nor is it confined to our crowded centres. Consumption occurs with remarkable uniformity throughout the country. In the United Kingdom the number of deaths from the disease registers 60,000.



WARD IN SANATORIUM—CONTINUOUS OPEN WINDOW.

Unhappily, the mortality column is far from exhausting the extent of our national bill. If we multiply the figures already quoted by ten we represent, but inadequately, the number of persons at present suffering from the disease. It is especially sad to recognise how frequently the strongest and fairest of lives are disturbed by its attack. Hundreds and thousands of the best of the race are crippled at a time when the outlook is brightest and fullest of hope. Nor is the damage restricted to the individual directly affected by the disease. In a vast proportion of cases the whole household suffers because of the illness of its chief support.

Public Opinion Awakened.—It is a gratifying aspect of the times to recognise how widely public opinion has been awakened on the question. The renewal of interest is not confined to doctors. Our citizens have been touched powerfully. It is high time to make a combined effort against this scourge of humanity.

Consumption Preventible.—It should be realised that enormous strides have been made in the prevention of consumption. Within the past fifty years the mortality from the disease in Great Britain has been reduced some fifty per cent. In Edinburgh the mortality from consumption has fallen considerably during the past ten years, and in greater proportion than the mortality from fevers. In New York City during eleven years (from 1886 to 1897), when more active measures were taken in relation to the disease the death-rate fell about thirty-five per cent.

These brief statistics are pregnant with hope for the future. It may reasonably be anticipated that with the more general adoption of hygienic measures, and more

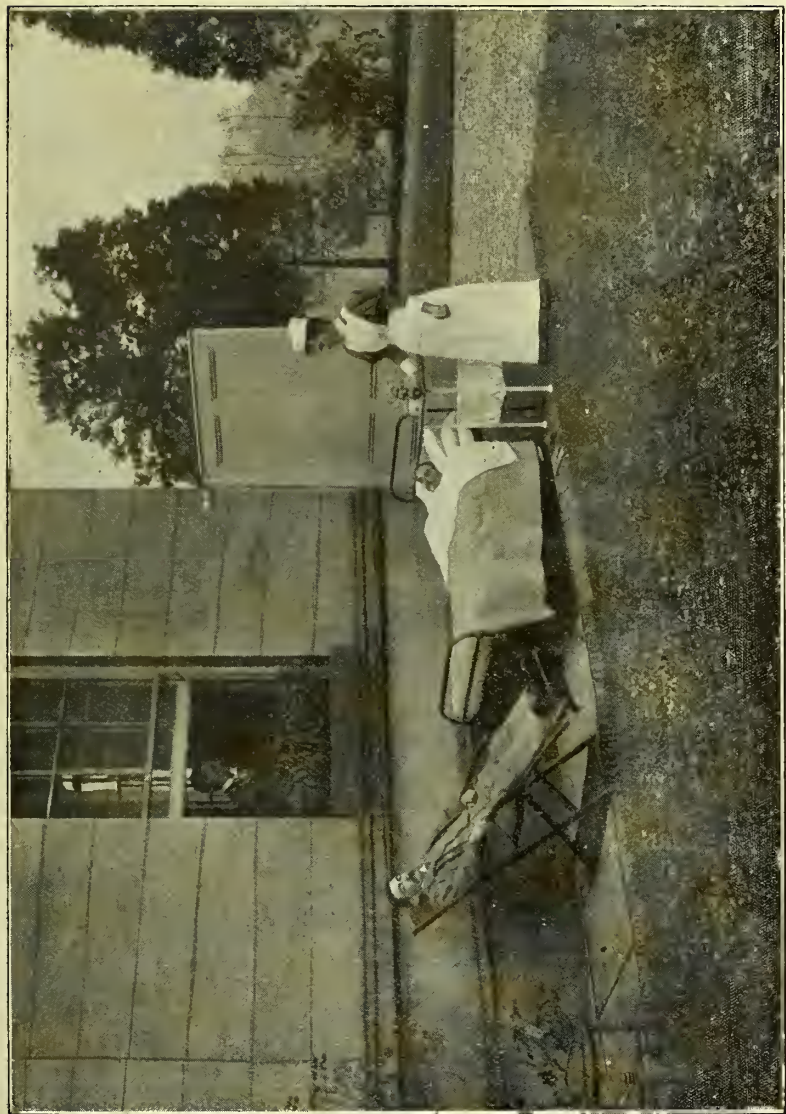
especially with the recognition that fresh air, light, and cleanliness are the great preventives, consumption will gradually disappear from our midst.

Consumption Curable.—Meantime it is no exaggeration to say that hundreds of lives are yearly sacrificed which might readily be saved. Thousands of persons are allowed to sink slowly into a state of physical and financial bankruptcy because the avenues towards cure are so few.

This is the more deplorable in view of the evidence from countless sides that consumption is highly amenable to treatment, if right measures be undertaken sufficiently early. The Victoria Hospital for Consumption can point to many cases of perfect cure which have stood the test of several years' trial. Similar records are forthcoming from other sanatoria in all parts of the world. The significance of the open-air system of treatment of consumption has now been completely established.

Unassailable as are the facts, the practicable outcome has been disappointingly small. Cities and towns throughout the country have considered the question, and many schemes have been proposed, but the actual provision afforded is comparatively slight.

First Hospital in Scotland.—The Victoria Hospital, which was the first hospital in Scotland devoted exclusively to the treatment of consumption, has engaged successfully in the work on open-air lines for over seven years. The Hospital has been from the commencement a *national institution*. Patients are received, in order of application, from every part of Scotland, and many have come from other portions of the United Kingdom. (See Medical Statistics, page 19). The Hospital has been much



CONTINUOUS, OPEN-AIR, TREATMENT FOR PATIENT CONFINED TO BED.

visited by medical and lay deputations from many towns of Scotland and England, and its methods have been adopted in relation to other institutions of the kind throughout the kingdom.

The Victoria Hospital occupies a most beautiful site within two miles of Edinburgh. The finely wooded park has been much admired, and the suitability of the site has been convincingly attested by the remarkable results attained. The beautiful park, which slopes pleasantly



COVERED SHELTERS IN GROUNDS.

towards the south, has been provided with all facilities for treatment, in the shape of shelters and screens and graduated walks.

Accommodation too Limited.—But the present accommodation is far too slight. Only twenty-three beds are available at the present time, and any moment the Hospital might be filled ten times over with deserving cases.

Waiting List.—There is a long, sad wail from a waiting list of some one hundred patients, to whom

admission can only be promised in turn. The applicants must wait some eight or nine months till their turn comes round. Nor is it a matter of delay alone. Each week of such delay means the risk of grave aggravation of the disease. Again and again the terrible tale repeats itself, that *patients have died while waiting for admission.*

Immediate Extension Possible.—The plan of the Hospital has been so arranged that further additions can be effected without delay. The grounds permit of such extension on a simple scheme. Thus the first annex made to the Hospital, with provision for eight patients, was built and furnished, within three months' time, for less than £800. The results attained in this annex have been completely satisfactory.

Further Extension only a Question of Money.—£1000 will provide additional accommodation for eight or ten patients. £75 will provide for the residence and treatment of four patients during three months each.

Impressed by the facts and encouraged by the results they have seen, the Committee feel they cannot plead too earnestly for further means to extend the benefits of the Hospital in more adequate proportion.

In name of the Committee,

A. CHRISTISON,
President.

THE ELEVENTH ANNUAL REPORT

OF THE

COMMITTEE OF MANAGEMENT

OF THE

Victoria Hospital for Consumption, Craigleith, Edinburgh,

For the year ending 31st March 1901.

THE Committee have pleasure in submitting their Eleventh Annual Report. The year has been one of steady progress and most encouraging results. The extra accommodation provided for the patients last year, while simple and inexpensive, has proved most serviceable. The Committee have undertaken a considerable number of improvements in relation to the Laundry and other offices, which will be referred to presently. These will permit the Committee to sanction the building of additional annexes, without fear of difficulty in administration, whenever funds are available. The Committee have noted with much gratification the increasing public interest, not only in the Hospital, but in the whole subject of the prevention and treatment of consumption.

THE HOSPITAL OR SANATORIUM.

Since the opening of the Hospital up to 31st March 1900, 621 individual patients have been under treatment in the Hospital. During the year 115 were admitted.

Applications for admission remain greatly in excess of the available accommodation. To meet this in part, the House Committee have sanctioned the attendance at the Hospital of a certain number of visiting patients who, while not sleeping within the Hospital, enjoy its régime and partake of its hospitality throughout the entire day. Frequently enough the number of indoor patients has been almost equalled by the number of such visiting patients. This arrangement, while increasing the usefulness of the Institution, is not quite satisfactory. Such patients are not under the régime of the Hospital by night, when it is very desirable they should be, and the Hospital is credited with an expenditure which is excessive, if judged by the apparent number of beds. The arrangement has, however, helped to curtail somewhat the long delay of six to nine months between the date of application and admission to the Hospital referred to in last year's Report.

The Committee hope sincerely to be enabled to remedy the unsatisfactory condition by the provision of additional annexes. In this hope they are pleased to report that the results obtained in the first simple annex, which was erected and furnished for less than £1000, have been most encouraging. They recognise, from the experience of the past, that, for the attainment of satisfactory results, costly buildings of stone and lime are not requisite. The only really serious item in the prospective extension of the Hospital is the maintenance of the beds.

The results of treatment have been very gratifying. With few exceptions, the patients have all progressed satisfactorily during their residence. A considerable proportion have, on discharge, been able to resume regular work. It is now one of the pleasing experiences of the Hospital to receive from week to week many visits from past patients who for varying periods have remained well. It has been the policy of the physicians to encourage the patients to report themselves from time to time.

The Committee take the opportunity of emphasising the great desirability which exists for the early diagnosis of the disease, with a view to its successful treatment. The hope of recovery is immeasurably increased when the treatment of

the case is undertaken at an early date. On this account, the Committee feel compelled to give preference to applications from patients who are not in too advanced a stage of disease. They would direct the special attention of medical attendants and friends of patients to this view.

The open-air treatment, which has been practised at the Hospital since its foundation, continues to yield satisfactory results. The Committee have pleasure in inviting anyone who desires an object lesson in the efficacy of the open-air system to pay a visit to the Hospital. The Hospital has been honoured by visits from many persons interested in the subject, including medical and lay deputations from different centres throughout the country.

OUT-PATIENT DEPARTMENT.

The total number of individual cases since the date of opening has been 9882. Many of these patients have attended the Institution a large number of times.

The Committee have especial pleasure in recording so large a number. They feel satisfied that through the visits of these patients to the Institution, and the visits of the out-door physician to their houses, and the circulation of printed instructions regarding the prevention and treatment of disease, which has gone on for many years, a vast amount of wholesome education has been quietly effected.

The Committee have again to note the definite diminution in the proportion of advanced patients applying at the out-patient department for the first time.

Bedridden patients, and patients who because of weakness or other disability cannot attend the department, continue to be visited by the out-door medical officer, whose services have been invaluable both in the direction of relieving suffering and informing friends of the patient how to limit the spread of the disease.

SAMARITAN COMMITTEE.

The labours of the Samaritan Committee have added much to the usefulness of an Institution whose work lies

specially among patients reduced financially as well as physically. At the fortnightly meetings of the Samaritan Committee the more necessitous cases are brought up for consideration by the out-door medical officer, and such help as seems advisable in the direction of invalid comforts is arranged.

DISPENSING DEPARTMENT.

The cost of the treatment of consumption is enhanced by the necessity which exists in many cases for expensive medicines and nutritious food stuffs. It has been the aim of the Committee to regulate the expenditure in this department most carefully, while keeping in view efficiency.

REVENUE.

The balance at the debit of the Revenue Account on 31st March 1900 has been increased to £1611, 11s. at 31st March 1901.

The Committee would fain see the amount of annual subscriptions materially increased. Whenever the question of extension is broached, they are faced with the difficulty of the maintenance of the beds. The difficulty can most easily be got over by a large increase in the annual income.

EXTENSION.

In the Appeal which prefaces the Annual Report the Committee have once more voiced the urgent necessity which exists for a large extension of the Hospital.

The Committee have obtained possession of the entire fifteen acres of finely wooded land, and have taken skilled advice regarding the possibility of gradual extension on a simple plan. A second and a third annex can be commenced, according to this plan, immediately. The only cause for delay is the absence of a sufficiency of funds for maintenance which would justify the advance.

Meantime the Committee have built a laundry, wash-house, and other offices suitable for a large increase in the number of patients, and have sanctioned a rearrangement of the kitchen premises towards the same end. They would

renew the expression of their earnest hope that some wealthy citizen, realising the necessity, will undertake the adequate extension of the Institution.

In conclusion, the Committee would thank the many friends who have already taken part in the work by subscription or donation. They have to thank very specially certain of the larger contributors to the Extension Scheme (p. 61). Acknowledgment of the various donations and subscriptions will be found on pp. 30-61. Valuable service has been rendered throughout Scotland by means of the Local Auxiliaries for the collection of subscriptions (see pp. 4-5, 46-60). The Committee beg to thank the ladies and gentlemen forming the auxiliaries for their generous labours in helping to extend the usefulness of this National Institution. They have also to record their gratitude to the members of the medical staff and other office-bearers, the lady superintendent and nurses, the ladies who have given their services in connection with the Samaritan work, and the lady collectors. They desire also to thank the clergymen whose services have been kindly given to the Hospital.

In name of the Committee of Management,

A. CHRISTISON,
President.

MEDICAL STATISTICS.

HOSPITAL—INDOOR PATIENTS.

From date of opening in autumn 1894 till 31st March 1901, 621 patients have been under treatment in the Hospital.

TABLE I.—SHOWING OCCUPATIONS OF PATIENTS.

Architect's Draughtsmen	1	Housewives	63
Asylum Attendants	1	Housekeepers	1
Bakers	5	Index-cutters	1
Black Borderers	1	Ironfounders	5
Blacksmiths	9	Ironmongers	2
Boiler Firemen	1	Janitors	1
Boilermakers	1	Joiners	17
Bookfolders	7	Journalists	1
Bookbinders	1	Labourers	16
Booksellers	1	Lady's Companions	2
Brassfounders	1	Laundresses	2
Brick Kiln Setters	1	Librarians	1
Butchers	1	Machinists	9
Butlers	2	Maltmen	1
Cabinetmakers	2	Marine Firemen	1
Canvas Embossers	1	Masons	17
Carriers	1	Medical Practitioners	1
Chemists	2	Messengers	6
Claypipe Makers	2	Millworkers	11
Clerks	38	Milliners	1
Coopers	3	Miners	3
Crofters	1	Nondescript	39
Dairymaids	2	Nurses	4
Dairymen	3	Nursemaids	11
Domestic Servants	41	Painters	5
Drapers	3	Paper Bagmakers	2
Dressmakers	24	Paper Workers	4
Dyeworkers	2	Ploughmen	4
Electrotype Finishers	2	Plasterers	1
Engineers	5	Pitmen	1
Engravers	1	Plumbers	12
Envelope Folders	4	Policemen	2
Factory Hands	7	Porters	2
Feather Curlers	1	Postmen	2
Fishermen	5	Pressers	2
Footmen	1	Printers and Compositors	20
French Polishers	1	Publicans	1
Gamekeepers	2	Purse-makers	1
Gardeners	4	Quarrymen	1
Glassworkers	5	Reservists	1
Golfers (Professional)	1	Road Superintendents	1
Governesses	3	Railway Workers	7
Grocers	3	Relief Stampers	1
Grooms	4	Rubber Workers	5
Gunsmiths	1	Salesmen	6

TABLE I.—*continued.*

Saleswomen	3	Tram Conductors	1
Seamen	5	Telegraph Boys	1
School Children	15	Typists	2
Schoolmasters	2	Upholsterers	6
Seedsmen	1	Van Builders	1
Shepherds	1	Vanmen	3
Shirtmakers	1	Valets	1
Shoemakers	1	Waiters	3
Shopkeepers	2	Waitresses	3
Shopgirls	13	Watchmakers	2
Stablemen	1	Weavers	2
Stonecutters	1	Wood Carvers	2
Stationers	1	Woolsorters	3
Students	2	Warehousemen	3
Surveyors	1	Warehousewomen	1
Tailors	21	Wardmaids	1
Teachers	8		
Tinsmiths	1		
Tobacconists	1		
			<hr/> 621

TABLE II.—SHOWING AGES OF PATIENTS.

Under 11	8
From 11-20	184
„ 21-30	268
„ 31-40	102
„ 41-50	52
Over 50	7
	<hr/> 621

TABLE III.—SHOWING SEX OF PATIENTS.

Males	329
Females	292
	<hr/> 621

TABLE IV.—SHOWING RESIDENCE OF PATIENTS.

Edinburgh	322
Vicinity of Edinburgh	72
Country—	
Aberdeenshire	4
Argyllshire	1
Ayrshire	3
Banffshire	1
Berwickshire	13
British Guiana	1
Caithness-shire	2
Clackmannanshire	1
Dumbartonshire	4
East Lothian	16

TABLE IV.—*continued.*

Fifeshire	29
Forfarshire	18
Harris	1
Italy	1
Inverness-shire	2
Kincardineshire	2
Kinross-shire	2
Lanarkshire	30
Lewis	1
Linlithgowshire	12
Midlothian	15
Orkney	3
Peebles	1
Perthshire	18
Renfrewshire	4
Ross-shire	1
Roxburghshire	4
Selkirkshire	11
Shetland	8
Stirlingshire	13
Sutherlandshire	3
Switzerland	2
—	227
	<hr/> 621

OUT-PATIENT DEPARTMENT.

Up to 31st March 1901, 9882 *individual cases* received treatment at the Out-Patient Department.

TABLE I.—SHOWING ATTENDANCES FROM 31ST MARCH 1900
TILL 31ST MARCH 1901.

	At Institution.	At their own Homes.	TOTAL.
April	547	233	780
May	561	238	799
June	547	190	737
July	519	141	660
August	487	139	626
September	590	142	732
October	814	144	958
November	760	135	895
December	725	176	901
January	804	150	954
February	788	130	918
March	840	121	961
	<hr/> 7982	<hr/> 1939	<hr/> 9921

TABLE II.—SHOWING DISEASES FROM WHICH PATIENTS SUFFERED.

Pulmonary Tuberculosis	6573	Croupous Pneumonia	9
Bronchitis	1082	Pleura, Affections of	189
Emphysema, with Bronchitis, Asthma, etc.	410	Larynx, Affections of	154
Œdema of Lungs, with or without Bronchitis, Weak Heart, etc.	221	Affections of related Organs, Throat, Stomach, Bowels, Heart, Kidneys, etc. (a large proportion being tuberculous)	1115
Capillary Bronchitis	19		
Injury to Chest, and Hernia of Lungs	10		9882

TABLE III.—SHOWING OCCUPATIONS OF PATIENTS.

Artists	12	Leather Workers	10
Athletes	1	Librarians	2
Bakers	108	Lithographers	12
Blacksmiths	75	Lorrymen and Carters	103
Bookbinders and Folders	157	Maltmen	27
Brassfinishers	66	Masons	424
Butchers	36	Millworkers	200
Cabmen and Grooms	104	Musicians	11
Carpenters, Joiners, and Woodworkers	362	Nondescript	544
Charwomen	93	Paper Bag Makers, etc.	10
Chemists	14	Paper Cutters	41
Children (below fifteen)	1090	Painters	101
Chimney Sweeps	4	Plasterers	35
Clerks and Warehousemen	305	Plumbers	56
Coal Miners and Workers	74	Policemen and Watchmen	25
Comb and Brush Makers	15	Porters	189
Confectioners	4	Postmen, Lamplighters, etc.	19
Corkcutters	14	Printers, Compositors, etc.	262
Dairymen	5	Railway Servants	8
Domestic Servants	359	Riggers	4
Engineers and Enginemen	143	Rubber Workers	162
Farm Servants	12	Salesmen	154
Firemen	29	Saleswomen	152
Fishermen and Sailors	140	Scavengers	3
Fishwomen	40	Seamstresses and Dressmakers	229
Fitters and Riveters	41	Shoemakers	97
Gardeners and Farmers	46	Sick Nurses	40
Gatekeepers and Messengers	64	Slaters	28
Glasscutters and Grinders	23	Soldiers	22
Glaziers and Gilders	23	Spinners	9
Grocers	57	Stokers	2
Guards	23	Students	12
Gunmakers	9	Tailors and Hatters	223
Hairdressers	40	Tanners and Curriers	24
Hawkers	71	Teachers	54
Housewives	1829	Tinworkers	39
Insurance Agents and Com- mercial Travellers	109	Upholsterers	10
Ironmoulders and Typefounders	92	Waiters	90
Jewellers and Watchmakers	37	Weavers	32
Labourers	677	Wireworkers	17
Laundresses	67		9882

TABLE IV.—SHOWING AGES OF PATIENTS.

From 1-10	711
„ 11-20	1962
„ 21-30	2785
„ 31-40	2069
„ 41-50	1272
„ 51-60	662
Above 60	421
	<hr/>
	9882

TABLE V.—SHOWING SEX OF PATIENTS.

Males	5485
Females	4397
	<hr/>
	9882

TABLE VI.—SHOWING RESIDENCE OF PATIENTS.

Edinburgh	7748
Leith, Newhaven, and Trinity	1086
Country	1048
	<hr/>
	9882

TABLE VII.—SHOWING DISTRICTS FROM WHICH PATIENTS HAVE BEEN RECEIVED, OTHER THAN EDINBURGH, LEITH, AND IMMEDIATE VICINITY.

Aberdeen	3	Broxburn	33
Aberdour	5	Buckhaven	1
Addiewell	1	Burntisland	5
Alexandria	1	Caithness	2
Alloa	5	Carlisle	3
Alnwick	1	Cleland	1
Alyth	1	Coatbridge	2
Alva	7	Cockenzie	76
Airdrie	1	Colinton	6
Arbroath	1	Corstorphine	9
Argyllshire	2	Cowdenbeath	2
Armadales	2	Chirnside	2
Auchendinny	1	Cramond	3
Ayr	1	Crieff	3
Ayton	1	Cumberland	1
Bathgate	8	Currie	4
Beattock	1	Dalhousie	1
Belfast	1	Dalkeith	22
Berwick-on-Tweed	5	Dalmeny	1
Biggar	1	Davidson's Mains	8
Blantyre	2	Denholm	1
Blackhall	8	Denny	1
Blair Atholl	1	Doune	1
Bo'ness	5	Duddingston	6
Bonnyrigg	20	Dumbarton	1
Blairgowrie	2	Dumfries	4

TABLE VII.—*continued.*

Dunbar	8	Lochgelly	1
Dunblane	1	Lockerbie	2
Dundee	14	London	3
Dundonald	1	Longniddry	2
Dunfermline	27	Macmerry	1
Duns	3	Manuel	1
Dysart	2	Markinch	2
East Calder	5	Maybole	1
Earlston	3	Melrose	1
Elgin	1	Midcalder	10
Elphinston	1	Milton Bridge	1
England	16	Moffat	1
Eyemouth	1	Montrose	3
Falkirk	22	Musselburgh and Fisherrow	68
Fauldhouse	3	North Berwick	3
Fife	9	Orkney and Shetland	23
Ford	2	Paisley	2
Forres	1	Peebles	16
Galashiels	14	Pencaitland	13
Garvald	2	Penicuik	25
Gilmerton	1	Perth	6
Glasgow	80	Pitlochry	1
Gordon	1	Polmont	1
Gorebridge	6	Polton	2
Govan	2	Portobello and Joppa	75
Grangemouth	9	Prestonpans	19
Granton	4	Queensferry, N. and S.	12
Haddington	7	Rosewell	2
Hamilton	4	Roslin	2
Hawick	4	Ross-shire	1
Helmsdale	1	Rothsay	1
Innerleithen	5	St. Andrews	1
Inverkeithing	1	St. Boswells	2
Inverness	4	Selkirk	5
Ireland	1	Shotts	2
Island of Eigg	1	Slateford	8
Jedburgh	1	South Shields	1
Johnstone	3	Stenton	1
Juniper Green	4	Stirling	7
Kelso	1	Stonehaven	1
Kinghorn	1	Stow	2
Kingsknowe	1	Sutherlandshire	1
Kirkcaldy	35	Tain	1
Kirkintilloch	1	Tillicoultry	2
Kirknewton	1	Tranent	51
Ladybank	1	Tynecastle	1
Lanark	4	Uphall	5
Langsidehouse	1	Wales	1
Lauder	1	Walkerburn	3
Leslie	1	Wemyss	3
Leven	2	West Calder	3
Liberton	12	Winchburgh	1
Linlithgow	6	Wishaw	1
Liverpool	1	Australia	1
Livingston	1		
Loanhead	12		

ILLUSTRATIVE CASES.

T. R., a chemist's assistant, age twenty-three, admitted into Hospital, July 1895, suffering from consumption both of chest and throat, his voice gone, and his condition such as to utterly incapacitate him for work. He did well while in Hospital, regained his voice, and put on flesh. After leaving he continued to live on the lines he had been taught, with the result that he is now in perfect health, following his occupation in a town in the north.

W. K., plumber's apprentice, age seventeen, admitted into Hospital, August 1895, with both lungs affected. He made a most satisfactory recovery, and on leaving Hospital, acting on the advice given him, went for a trip to the Mediterranean. The sea suited him so well that he gave up his old occupation, and is now employed as a steward.

E. G., electrical mechanic, age twenty-one, admitted November 1895. The condition of this patient's lungs was so bad that there seemed little hope of his life being spared. He improved, however, and after being kept under observation for a long time, and carrying on the treatment, he was able to return to work about a year ago, and is now keeping very well.

W. N., teacher, age nineteen, admitted May 1896. Had been obliged to give up his work owing to consumption, with bleeding from the lungs. He improved immensely during residence in Hospital, gaining strength and weight. The improvement has been steadily maintained, and he is now at his old work, looking perfectly strong and fit.

OUT-PATIENT DEPARTMENT.

THE following cases, taken at random from the note-book of the Assistant Medical Officer, serve to illustrate the nature of this department of the work:—

Case of A. B.—Girl, seventeen years of age, with tuberculous disease of both lungs rapidly advancing. I found this patient lying in the corner of a large room, two stories below the street level, dark, damp, ill-ventilated, the only window looking out on a small patch of dirty grass at the same level as the floor of the dwelling-house. At the opposite corner of the room was another bed in which her father, uncle, and little brother slept, her mother and some other members of the family having already died of phthisis. She lay on a dirty bed,—expectorating into scraps of linen which were thrown carelessly about the room,—not properly fed, clothed, or nursed. With such surroundings the poor child had to lie for weeks, racked by pain and constant coughing, gasping for breath, in a high fever, suffering greatly from thirst, till death relieved her from her suffering. Her friends, though doing everything in their power, had neither the means nor the knowledge required to nurse her properly.

Case of W. L.—Twenty-two years of age, married, with advanced tuberculous disease of both lungs and alimentary tract. Suffering from pain in chest, distressing cough, high fever, profuse sweating, and diarrhœa. This patient—as is so common in these cases—has struggled on for months at his work, unable to keep up his benefit society payments, always hoping to be “soon better,” and able to pay up arrears. When at length his illness compelled him to stop work, he finds himself without resources of any kind, and dependent on charity or the “parish.” He has three shillings and sixpence a week from a charitable society, with which he has to provide food and shelter for himself, wife, and child. They live in a small room, three flats up, bright and fairly clean, but all fresh air excluded for fear of “colds.” Needless to say, this patient is unable to get proper food or medicines, and his young and ignorant wife, with a house and child to attend to, can do but little as a nurse, and both run serious risk to their own health.

Case of T. E.—Thirty-five years of age, with wife and three children. This patient has been off work for a considerable time with tuberculous lung disease. He suffers greatly from cough, pain in chest, and breathlessness. He suffers much also from cold. His bed is very dirty and the bedclothes scanty. He is left day after day quite by himself. From early morning till far on in the day his children are at school, and his wife—who is now the breadwinner—is out working, her precarious wage and a small pittance from the parish being their only means of livelihood. The sufferings of the patient are vastly increased by the conditions of his life—his inability to help when help is so much needed, his loneliness, his unsuitable surroundings, his want of food, clothing, nursing, medicine!

These cases, like all the others, were regularly visited from time to time, and everything that was possible in the circumstances done to promote recovery or alleviate suffering and prevent further propagation of the disease.

SAMARITAN WORK.

This graphic narrative, reported by one of the lady visitors, tells its own terribly sad tale:—

Case of A. G.—Married man, with young wife and two children. Unable to work for nine months; in the last stage of consumption. Wife working one day in the week; her confinement near, and unable to do much. In this state the household had just flitted to another house. A. G. quite exhausted with removal and unable to rise, suffering terribly from coughing, exhaustion, and expectoration. Wife obliged to put him on “shake-down” three days after removal, and infant born that evening in bed where husband had been. Thirty-six hours after, wife had to rise to let A. G. be put into the bed again, where he died twelve hours later in great suffering. Wife, new-born infant, and the two others, had to sleep on “shake-down” for three days, until the “parish” came to bury the husband and father! Is it to be wondered that consumption spreads?

ABSTRACT OF THE TREASURER'S ACCOUNTS, from 31st March 1900 to 31st March 1901. I.—GENERAL REVENUE AND EXPENDITURE ACCOUNT.

CHARGE.

I. Revenue received—

I. Subscriptions and Donations—

(1) Edinburgh, as on p. 43	£746 5 9½
(2) Leith, " p. 44	46 3 9½
(3) Public Works, " p. 45	91 19 11
	£884 9 6
(4) Miscellaneous, as on p. 45	217 14 4
(5) Country Districts, " p. 60	941 19 7
	£2,044 3 5
2. Dividends and Interest received	146 0 7
3. Rent received	24 0 0
	£2,214 4 0
II. Balance at debit of Account at 31st March 1901	1,611 11 0

DISCHARGE.

I. Payments chargeable against the Revenue—

I. Payments in connection with the Hospital—

(1) Rent, Taxes, and Insurance	£43 2 9
(2) Provisions	792 5 10
(3) Salaries and Allowances to Resident Staff	168 10 0
(4) Servants' Wages	88 7 0
(5) Coals and Gas	203 8 0
(6) Furnishings and Repairs	174 9 10
(7) Medicines and Medical Appliances	177 9 7
(8) Lodge-keeper's Wages	52 0 0
(9) Expenses connected with Garden and Grounds	102 2 10
(10) Telephone Rent, £6, 10s.; Matron's Sundries, £33, 3s. 4d.; and Miscellaneous, £21, 6s. 6d.	60 19 10
	£1,862 15 8

2. Payments in connection with the Dispensary—

(1) Rent, Taxes, and Insurance	£49 11 8
(2) Salary to Medical Assistant	60 0 0
(3) Coals and Gas	17 13 9
(4) Repairs	27 5 10
(5) Caretaker's Wages	36 0 0
(6) Medicine and Medical Appliances	332 19 7
(7) Telephone Rent, £5; Caretaker's Sundries, £7; and Miscellaneous, £3	15 0 0

3. Interest Paid	538 10 10
4. Printing	250 13 8
5. Expenses of Collections	127 16 11
6. Expenses of Management	135 0 0
7. Stationery, Postages, and Miscellaneous Expenses	26 5 0
	13 18 7

II. Balance at debit of Account at 31st March 1900

£2,955 0 8
870 14 4
£3,825 15 0

I. Balance at credit of Fund at 31st March 1900	£5,316	5	5
II. Legacy from the late Mr. Alexander Blackwood	500	0	0
III. Donations to Extension Fund, as on p. 61	2,069	2	2

£7,885 7 7

III.—ENDOWMENTS FUND.

CHARGE.

I. "Howard Graham Usher Bed"	£1,000	0	0
II. Donation from the late Julius H. Beilby, Esq., the Income available for Ordinary Expenditure	500	0	0
III. "George Vallance Bruce Bed"	1,000	0	0
IV. "W. E. Miller Bed," £1000, less Duty	909	6	8

£3,409 6 8

IV.—STATEMENT OF FUNDS as at 31st MARCH 1901.

I. Balance at credit of Hospital Fund	£4,525	19	1
II. Do. Endowment Fund	3,409	6	8

DISCHARGE

I. Loan on Property at Craigleith repaid	£2,485	0	0
Legal Expenses	15	10	6
II. New Buildings	£2,500	10	6
III. Collector's Commission and Expenses	744	16	0
IV. Advertising List of Subscriptions	90	0	0
	24	2	0
V. Balance at credit of Fund at 31st March 1901	£3,359	8	6
	4,525	19	1

£7,885 7 7

DISCHARGE.

I. Balance at credit of Fund at 31st March 1901	£3,409	6	8
-------------------------------------------------	--------	---	---

£3,409 6 8

I. Balance at debit of General Revenue and Expenditure Account	£1,611	11	0
II. Funds—			
(1) 125 Ordinary Preferred Shs. of £4 each, fully paid, in the Mortgage Company of South Australia	£500	0	0
(2) £1360 3½% Deb. Stock of the National Telephone Company at cost	1,479	14	0
(3) Sum on Deposit Receipt with Bank of Scotland	3,500	0	0
(4) Balance on Account Current with the Commercial Bank of Scotland	414	6	3
(5) Balance in hands of Matron for Expenses	10	0	0
(6) Balance due by Treasurer	4	14	2
(7) Receipts in the hands of the Treasurer, less Payments subsequent to 31st March 1901, and included in above	415	0	4

6,323 14 9

£7,935 5 9

EDINBURGH, 4th June 1901.—I have examined the Account of the Intronnissions of the Treasurer of the VICTORIA HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST for the year ending 31st March 1901, of which the above is an Abstract, and have found it correct.

EDWARD BOYD, C.A., Auditor.

VI.—CLOTHING, FOODS, MEDICINES, Etc.

The Committee have gratefully to acknowledge the receipt from several kind friends of gifts of clothing, blankets, furniture, books, nourishing foods, medicines, wines, etc., and to all such benevolent donors the Committee take this opportunity of returning their best thanks. In doing so they beg to commend this practical manifestation of interest to the friends of the Institution, as providing an important addition to the efficiency of the Dispensary among the subjects of chronic wasting disease.



THE OUT-PATIENT DEPARTMENT, 26 LAURISTON PLACE, is open for the Reception of Patients on MONDAYS, WEDNESDAYS, and FRIDAYS, from 3 to 4 p.m.; and for the Dispensing of Medicines Daily (except Sunday), from 10 to 10.30 a.m., and on Mondays, Wednesdays, and Fridays, from 6 to 6.30 p.m.

About 60,000 Persons die annually of Consumption in the
United Kingdom.

THE VICTORIA HOSPITAL FOR CONSUMPTION

CRAIGLEITH, EDINBURGH



OPEN-AIR TREATMENT—SCREEN SHELTERS.

TWELFTH ANNUAL REPORT (1901-1902)

Out-Patient Department—
26 LAURISTON PLACE, EDINBURGH

The Victoria Hospital for Consumption was established in

In Memoriam Wards and Beds.

THE Trustees will be pleased to gratify the wish of any Donors who may desire to endow and name a Ward or single bed in the Victoria Hospital. They purpose, therefore, to affix to beds in perpetuity the name of any benefactor of the Hospital to the extent of £1000 by donation or legacy, who so desires it, and to Wards in recognition of larger donations.

Lord Derby, when presiding at the opening of the New Extension Building to Brompton Hospital for Consumption, alluding in his speech to Memorial Wards and Beds, said—"One cannot dictate the form which affection and regret shall take to display themselves; every one must make their own choice; but for myself, I cannot conceive a more satisfactory method of keeping alive the memory of a lost relative or friend, than by attaching his or her name permanently and inseparably to an institution which is intended to relieve suffering, and which for many generations to come may be a benefit to the living as well as a remembrance of the dead."

FORM OF LEGACY OR BEQUEST.

I give and bequeath to the VICTORIA HOSPITAL FOR CONSUMPTION, CRAIGLEITH, EDINBURGH, payable to the Treasurer of the Institution for the time being, the sum of
free of legacy duty.

Regulations for the Admission of Patients will be found on p. 3 of Cover.

TWELFTH ANNUAL REPORT (1901-1902)

OF THE

VICTORIA HOSPITAL

FOR

CONSUMPTION

CRAIGLEITH, EDINBURGH

Patrons and Patronesses.

THE EARL OF ABERDEEN.

THE LADY MARY HOPE.

THE LADY SUSAN GRANT SUTTIE.

RIGHT HON. LORD KINNEAR.

HON. LORD KYLLACHY.

Out-Patient Department—

26 LAURISTON PLACE, EDINBURGH

OFFICE-BEARERS.

President.

SIR ALEXANDER CHRISTISON, BART.

Vice-President.

SIR ALEXANDER KINLOCH, BART.

Trustees.

CHARLES COOK, Esq., Writer to the Signet.

CHARLES J. GUTHRIE, Esq., K.C.

JAMES MYLNE, Esq., Writer to the Signet.

R. R. SIMPSON, Esq., Writer to the Signet.

General Committee.

ARTHUR ALISON, Esq., Advocate, 3 Moray Place, Edinburgh.

- * Brigade-Surgeon Lieut.-Colonel JAMES ARNOTT, Holland House, Murrayfield.

Dr. JOSEPH BELL, F.R.C.S., 2 Melville Crescent, Edinburgh.

Rev. ROBERT BLAIR, D.D., St. John's Parish Church, Edinburgh.

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- * Sir ALEXANDER KINLOCH, Bart., 5 Forres Street, Edinburgh.

Rev. JAMES MACGREGOR, D.D., St. Cuthbert's Church, Edinburgh.

- * Sir ARTHUR MITCHELL, K.C.B., 34 Drummond Place, Edinburgh.

- * JAMES MYLNE, Esq., W.S., 10 Ainslie Place, Edinburgh.

Rev. GEORGE PHILIP, D.D., St. John's U.F. Church, Edinburgh.

- * Dr. R. W. PHILIP, F.R.C.P., 45 Charlotte Square, Edinburgh.

E. T. SALVESEN, Esq., K.C., 40 Drumsheugh Gdns., Edinburgh.

- * R. R. SIMPSON, Esq., W.S., 23 Douglas Crescent, Edinburgh.

W. C. SMITH, Esq., Advocate, 57 Northumberland St., Edinburgh.

Prof. HUNTER STEWART, D.Sc., 9 Learmonth Gdns., Edinburgh.

JOHN WARRACK, Esq., 14 Carlton Terrace, Edinburgh.

JOHN WILSON, Esq., K.C., 9 Drumsheugh Gdns., Edinburgh.

Rev. J. H. WILSON, D.D., Barclay Church, Edinburgh.

HENRY J. YOUNGER, Esq., of Benmore, Edinburgh.

Those marked * form the Committee of Management.

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Miss ALISON, 3 Moray Place.
 Mrs. BALFOUR, Dawyck, Stobo.
 Miss BEILBY, 10 Clarendon Crescent.
 Miss A. BURNS, Milrig, Braid Road.
 Mrs. GEORGE CRABBE, Rothesay Terrace.
 Miss DICKSON, 13 Osborne Terrace.
 Mrs. DUNCAN, 37 Buckingham Terrace.
 Miss FORMAN, 12 Merchiston Park.
 Mrs. AUCKLAND GEDDES, 14 Ettrick Road.
 Mrs. L. A. GUTHRIE, The Hollies, Davidson's Mains.
 Mrs. HISLOP, Castle Park, Prestonpans.
 Miss LANG, 8 Belford Terrace.
 Miss LOWSON, 17 Randolph Crescent.
 Miss L. MACKENZIE, 21 Learmonth Terrace.
 Miss MYLNE, 3 Great Stuart Street.
 Mrs. R. W. PHILIP, 45 Charlotte Square.
 Miss A. J. ROLLAND, 16 Alva Street.
 Miss THORBURN, 12 Hermitage Place, Leith.
 Miss MACLAGAN WEDDERBURN, 3 Glencairn Crescent.
 Miss WELSH, 51 George Square.

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R. W. PHILIP, M.A., M.D., F.R.C.P., 45 Charlotte Sq., Edinburgh.
 G. L. GULLAND, M.D., F.R.C.P., 6 Alva Street, Edinburgh.

Honorary Surgeon.

DAVID WALLACE, M.B., F.R.C.S., 11 Rutland Street, Edinburgh.

Resident Physician.

RAOUL DE BOISSIERE, L.R.C.P. and S.E.

Non-Resident Clinical Assistant.

FREDERICK M. GRAHAM, F.R.C.S.

Lady Superintendent.

Miss GUY.

Honorary Secretaries.

WALLACE & GUTHRIE, W.S., 1 North Charlotte Street, Edinburgh

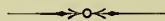
Treasurer.

GEORGE H. CARPHIN, C.A., 54 Queen Street, Edinburgh.

Auditor.

EDWARD BOYD, C.A., 23 Thistle Street, Edinburgh

LADY PRESIDENTS AND PATRONS OF COUNTRY AUXILIARIES.

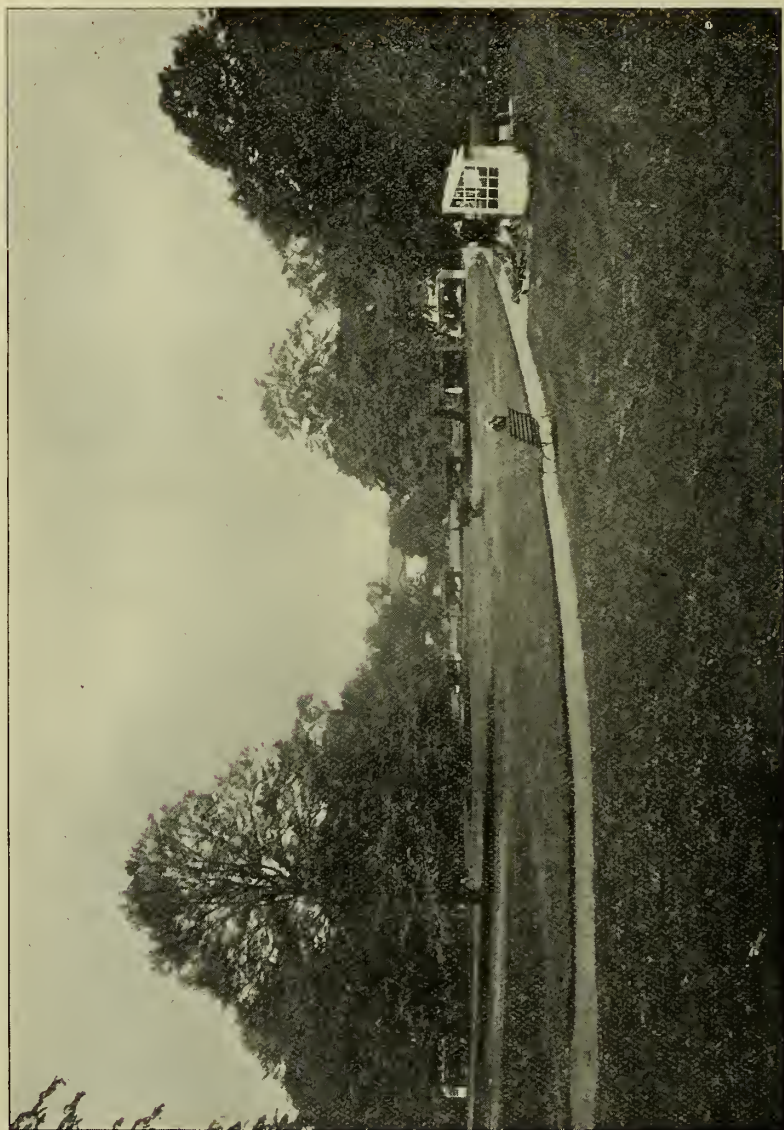


- Aberdeenshire*—Mrs. FARQUHARSON of Houghton, Netherton, Meigle.
Arbroath—Mrs. LINDSAY CARNEGIE, Kinblethmont.
Ardrossan—The COUNTESS OF EGLINTON, Eglinton Castle.
Auchtermuchty—Mrs. FAIRLIE, Myres Castle.
Bonkyl and Ednam—Mrs. SANDYS LUMSDAINE, West Blanterne.
Caitness-shire—The DUCHESS OF PORTLAND, Langwell.
Clackmannanshire—The COUNTESS OF MAR AND KELLIE, Alloa House.
Cramond and Davidson's Mains—Mrs. ADAM CROSS, Craigiehall, Cramond Bridge.
Dalkeith—The MARCHIONESS OF LOTHIAN.
Duns—The Hon. LADY MILLER, Manderston.
Forfarshire—The COUNTESS OF STRATHMORE, Glamis Castle.
Humbie—The Hon. Mrs. SCOTT, Humbie House.
Jedburgh and District—ALEX. WADDELL, Esq., Palace (*Patron*).
Kinross-shire—Mrs. REID, Thomanean.
Kirkliston—Mrs. HOG, Newliston.
Kirknewton—Mrs. HAMILTON, Cairns.
Lasswade and Polton—
Lesmahagow—The Hon. Mrs. BINGHAM, Stoneybyres House.
Lilliesleaf—Miss AGATHA G. M. SPROT, Riddell.
Linlithgow—Mrs. MELVILLE, Lochcote House.
Linlithgowshire—The COUNTESS OF HOPETOUN.
Melrose—The COUNTESS OF DALKEITH, Eildon Hall.
Muthill—Miss SPIER, Culdees Castle.
Newport—Miss LENG, Kinbrae.
Orkney and Shetland—The COUNTESS OF ZETLAND, Kerse House, Falkirk.
Peeblesshire—Mrs. THORBURN, Glenormiston.
Pencaitland—The Hon. Mrs. HAMILTON OGILVY, Winton Castle.
Perthshire—LADY GEORGINA MACKENZIE, Balboughty.
Pitlochry—Mrs. MACBETH, Bank of Scotland House.
Pittenweem—LADY AVA-CAMPBELL, Gibleston.
Ratho and Dalmahoy—Miss BULLOCK, The Parsonage.
Rosslyn—LADY DRUMMOND, Hawthornden.
St. Boswells, Mertoun, and Bowden—Miss M. T. BAILLIE, Dryburgh House.
Stow—Miss MILROY, Torsonce.
Sumburgh (Shetland)—Mrs. BRUCE.
Sutherlandshire—The DUCHESS OF SUTHERLAND, Dunrobin Castle.

LADY COLLECTORS—EDINBURGH.

- Adam, Miss E. Borthwick, 28 Hartington Place.
 Aitken, Miss, 12 Grange Terrace.
 Alison, Miss, 3 Moray Place.
 Anderson, Miss Isobel H., 12 Buccleuch Place.
 Archer, Miss, 2 Wellington Pl., Leith.
 Begg, Miss, 4 Brandon Street.
 Blackstock, Miss Anna, 96 Findhorn Place.
 Brown, Miss, 5 Bangholm Terrace.
 Brown, Miss, Firenze, Bruntsfield Pl.
 Burnside, Miss M., 3 Marchhall Cres.
 Carphin, Miss Jane, 24 Northumberland Street.
 Clarke, Miss M. E., 35 Braid Road.
 Cowley, Miss, 13 Eyre Crescent.
 Crawford, Miss Ray, 12 Carlton Street.
 Crerar, Miss, Tayville, Craigmillar Park.
 Dewar, Miss, Drylaw House, Davidson's Mains.
 Dickson, Miss, 5 Millerfield Place.
 Dickson, Miss E., 3 Royal Circus.
 Drybrough, Miss S., 5 Ettrick Road.
 Drysdale, Miss, 38 Rosslyn Crescent.
 Dun, Miss J. G., Gorgie Ho., Gorgie.
 Fairbairn, Miss M. R., 88 Dalkeith Rd.
 Fletcher, Miss Morag, 37 Kilmaurs Rd.
 Flett, Miss, 52 St. Alban's Road.
 Gray, Miss, 10 Eyre Crescent.
 Greig, Miss, 33 Warriston Crescent.
 Gunn, Miss, The Square, Granton.
 Guthrie, Miss A., 6 Rochester Terrace.
 Guthrie, Miss, Almore, Colinton.
 Hunter, Miss J., 7 Scotland Street.
 Ingram, Miss, 17 Cornwall Street.
 Jones, Miss S., 37 St. Andrew Sq.
 Kyle, Miss, care of Miss Howden, 115 Henderson Row.
 Lawson, Miss, 4 Melgund Terrace.
 Lawson, Mrs., 4 Melgund Terrace.
 Legget, Miss, 2 Ravelston Terrace.
 Lennox, Miss, 19 W. Nicolson Street.
 Logan, Miss, 29 Coates Gardens.
 Macbean, Miss, 26 Braid Crescent.
 McCarthy, Miss, 31 Stafford Street.
 McCuaig, Mrs., 5 Hope Terrace.
 McCulloch, Miss E. M., 3 Bellevue Crescent.
 McKean, Miss, 5 Dudley Gardens.
 McLachlan, Miss, 187 Bruntsfield Pl.
 Macleod, Miss C. C., 1 Mayfield Road.
 Mather, Miss Kate, The Lee, Colinton Road.
 Mathieson, Miss A., 52 N. Castle St.
 Miller, Miss, 20 Nelson Street.
 Muirhead, Miss, 9 Murrayfield Avenue.
 Murray, Miss, 304 Morningside Road.
 Newell, Miss, 6 Summerside Place, Leith.
 Ogg, Miss Mary, 35 Barony Street.
 Oswald, Miss, Eden Grove, Falcon Avenue.
 Patterson, Miss, 15 Parkside Terrace.
 Philip, Miss, 52 Blacket Place.
 Pirie, Miss, 18 Dudley Gardens, Leith.
 Pirie, Miss, 10 Summerside Place.
 Rae, Miss, 5 Cluny Avenue.
 Raimes, Misses, 5 Belford Park.
 Rolland, Miss A. J., 16 Alva Street.
 Russell, Miss H., 49 Braid Road.
 Russell, Miss Mary, 49 Braid Road.
 Salomons, Miss, 2 S. Lauder Road.
 Shaw, Miss, 7 Summerside Pl., Leith.
 Smart, Miss, 1 Greenhill Place.
 Smith, Miss, 47 Lauder Road.
 Smith, Mrs. A. H., 29 Hermitage Gardens.
 Stalker, Miss Lizzie, 23 Upper Gilmore Place.
 Surene, Miss, 76 Comiston Road.
 Sutherland, Miss, 18 Summerside Pl.
 Taylor, Miss, 6 Kilgraston Road.
 Thomson, Miss, 21 Braid Avenue.
 Thorburn, Miss E. M., 12 Hermitage Place, Leith.
 Turnbull, Miss, Alma Lodge, Strathearn Road.
 Walker, Miss, 17 Nile Grove.
 Watt, Miss, 10 Suffolk Road.
 White, Miss B., Springbank, Ferry Road.
 Wilson, Miss, 8 Bonaly Road.
 Wilson, Miss, 53 Comely Bank Road.
 Younger, Miss, 5 Lansdowne Crescent.

(For Names of COUNTRY LADY COLLECTORS, see pp. 50-63.)

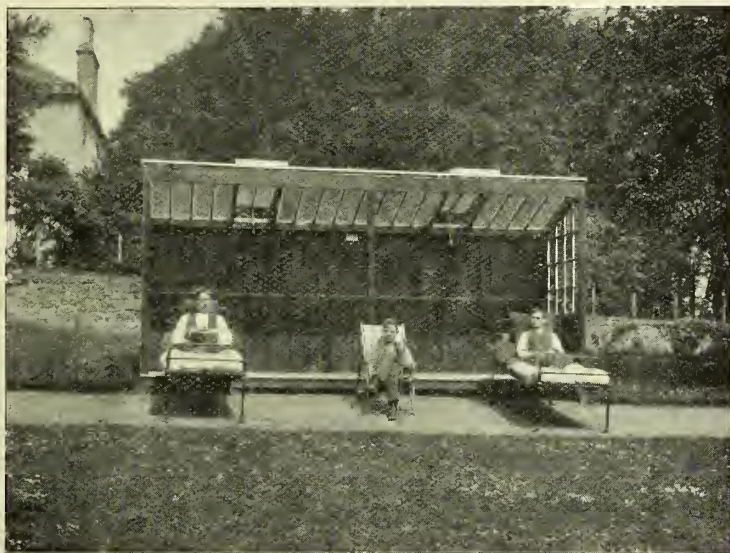


VICTORIA HOSPITAL—GENERAL VIEW OF THE GROUNDS.

APPEAL.

THE treatment of consumption has come to the front as never before. Nor can it be said to have come a moment too soon. It is well that we realise what consumption means to us nationally.

In successive Reports it has been shown how appalling is the mortality and distress caused by the disease. In Scotland some 7000 persons die every



COVERED SHELTER—PATIENTS AT REST.

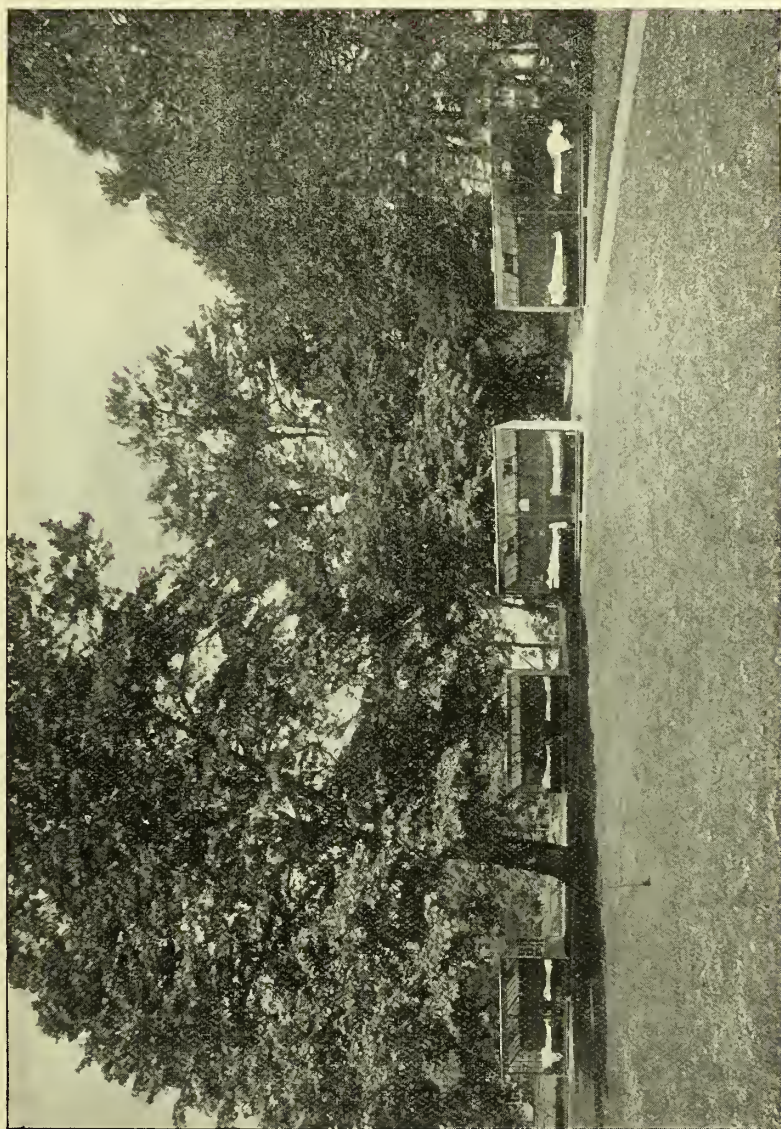
year of consumption. In the City of Edinburgh the annual mortality numbers about 500, and in the various large towns of Scotland the number is correspondingly great. Nor is it confined to our crowded centres. Consumption occurs with remarkable uniformity throughout the country. In the United Kingdom the number of deaths from the disease registers 60,000.

Unhappily, the mortality column is far from exhausting the extent of our national bill. If we multiply the figures already quoted by ten we represent, but inadequately, the number of persons at present suffering from the disease. It is especially sad to recognise how frequently the strongest and fairest of lives are disturbed by its attack. Hundreds and thousands of the best of the race are crippled at a time when the outlook is brightest and fullest of hope. Nor is the damage restricted to the individual directly affected by the disease. In a vast proportion of cases the whole household suffers because of the illness of its chief support.

Public Opinion Awakened.—It is a gratifying aspect of the times to recognise how widely public opinion has been awakened on the question. The renewal of interest is not confined to doctors. Our citizens have been touched powerfully. It is high time to make a combined effort against this scourge of humanity.

Consumption Preventible.—It should be realised that enormous strides have been made in the prevention of consumption. Within the past fifty years the mortality from the disease in Great Britain has been reduced some fifty per cent. In Edinburgh the mortality from consumption has fallen considerably during the past ten years, and in greater proportion than the mortality from fevers. In New York City during eleven years (from 1886 to 1897), when more active measures were taken in relation to the disease the death-rate fell about thirty-five per cent.

These brief statistics are pregnant with hope for the future. It may reasonably be anticipated that with the



OPEN-AIR SHELTERS, AS ARRANGED FOR NIGHT USE.

more general adoption of hygienic measures, and more especially with the recognition that fresh air, light, and cleanliness are the great preventives, consumption will gradually disappear from our midst.

Consumption Curable.—Meantime it is no exaggeration to say that hundreds of lives are yearly sacrificed which might readily be saved. Thousands of persons are allowed to sink slowly into a state of physical and financial bankruptcy because the avenues towards cure are so few.

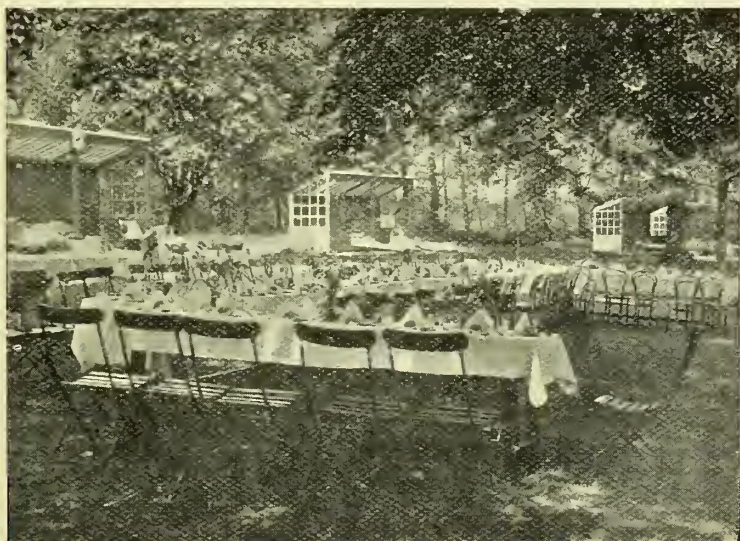
This is the more deplorable in view of the evidence from countless sides that consumption is highly amenable to treatment, if right measures be undertaken sufficiently early. The Victoria Hospital for Consumption can point to many cases of perfect cure which have stood the test of several years' trial. Similar records are forthcoming from other sanatoria in all parts of the world. The significance of the open-air system of treatment of consumption has now been completely established.

Unassailable as are the facts, the practicable outcome has been disappointingly small. Cities and towns throughout the country have considered the question, and many schemes have been proposed, but the actual provision afforded is comparatively slight.

First Hospital in Scotland.—The Victoria Hospital, which was the first hospital in Scotland devoted exclusively to the treatment of consumption, has engaged successfully in the work on open-air lines for over seven years. The Hospital has been from the commencement a *national institution*. Patients are received, in order of application, from every part of Scotland, and many have come from other portions of the United Kingdom. (See

Medical Statistics, page 19.) The Hospital has been much visited by medical and lay deputations from many towns of Scotland and England, and its methods have been adopted in relation to other institutions of the kind throughout the kingdom.

The Victoria Hospital occupies a most beautiful site within two miles of Edinburgh. The finely wooded park has been much admired, and the suitability of the site has been convincingly attested by the remarkable results



DINNER TABLE ON CORONATION DAY.

attained. The beautiful park, which slopes pleasantly towards the south, has been provided with all facilities for treatment, in the shape of shelters and screens and graduated walks.

Accommodation too Limited.—But the present accommodation is far too slight. Only twenty-three beds are available at the present time, *and any moment the Hospital might be filled ten times over with deserving cases.*

Waiting List.—There is a long, sad wail from a waiting list of some one hundred patients, to whom admission can only be promised in turn. The applicants must wait some eight or nine months till their turn comes round. Nor is it a matter of delay alone. Each week of such delay means the risk of grave aggravation of the disease. Again and again the terrible tale repeats itself, that *patients have died while waiting for admission.*

Immediate Extension Possible.—The plan of the Hospital has been so arranged that further additions can be effected without delay. The grounds permit of such extension on a simple scheme. Thus the first annexe made to the Hospital, with provision for eight patients, was built and furnished, within three months' time, for less than £800. The results attained in this annexe have been completely satisfactory.

Further Extension only a Question of Money.—£1000 will provide additional accommodation for eight or ten patients. £75 will provide for the residence and treatment of four patients during three months each.

Impressed by the facts and encouraged by the results they have seen, the Committee feel they cannot plead too earnestly for further means to extend the benefits of the Hospital in more adequate proportion.

In name of the Committee,

A. CHRISTISON,
President.

THE TWELFTH ANNUAL REPORT
OF THE
COMMITTEE OF MANAGEMENT
OF THE
**Victoria Hospital for Consumption,
Craigleith, Edinburgh,**
For the year ending 31st March 1902.

IN submitting the Twelfth Annual Report of the Victoria Hospital for Consumption, the Committee have much satisfaction in recording both a continuance of excellent work, and effective progress in the development of the Hospital. With the contributions generously placed at their disposal, they have resolved to proceed with a considerable enlargement of the buildings for the accommodation of patients. It is intended thereby to increase the number of beds from 23 to 50.

THE HOSPITAL OR SANATORIUM.

Since the opening of the Hospital up to 31st March 1902, 700 individual patients have been received for indoor treatment in the Hospital.

To help to meet the demand for admission, which is greatly in excess of the bed accommodation, the Committee have continued to receive a number of "visitant" patients in addition to those in actual residence. Altogether, 49 "visitants" have been admitted. Such patients enjoy the

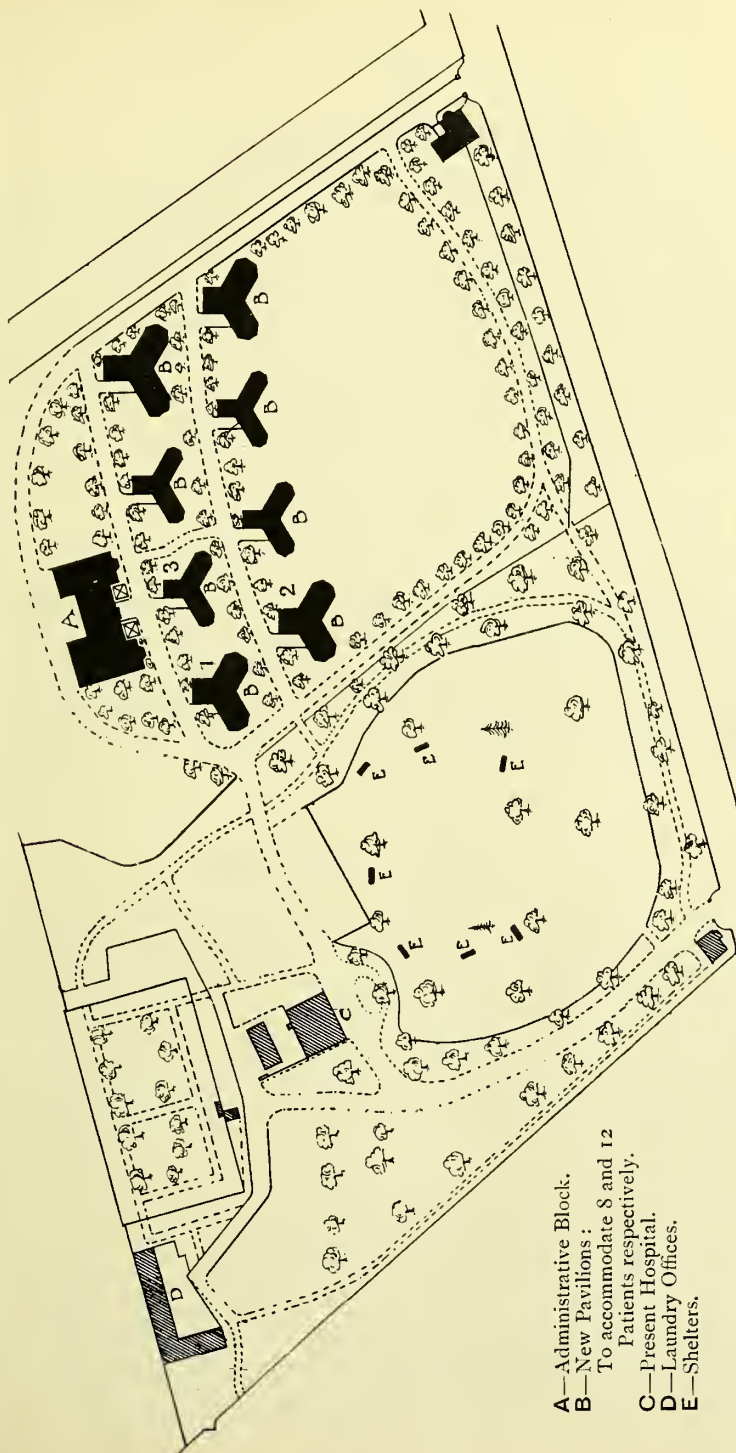
régime and other benefits of the Hospital throughout the day, returning home to sleep. This, while admittedly less satisfactory than actual residence, serves a useful purpose, and helps to reduce the pressure on the waiting list. About a dozen such patients attend daily. Their attendance constitutes a serious item in relation to expenditure, which must be allowed for in calculating the cost per bed.

EXTENSION.

The Committee record with gratitude the gift of £1000 from Mr. Wm. Younger, M.P., Auchin Castle, for the erection of an Annexe for eight patients, in memory of his mother. Encouraged by this and other kind donations, the Committee have determined to proceed with the erection of three Annexes (marked B 1, 2, and 3 on Block Plan). These together will accommodate 32 patients. The accompanying sketch of Block Plan shows the scheme of extension. Each additional unit is self-contained, and is planned so as to ensure a maximum of sunlight and air. An Annexe for eight patients can be built for approximately £1000, and one for twelve patients for £1500.

Experience in relation to the first Annexe which has been added has convinced the Committee that simple buildings such as they project are perfectly efficacious for the purposes of treatment. It is not so much the structural cost as the maintenance of the beds which entails the chief expenditure. To meet this, and to permit of further extension, the Committee earnestly plead for increased contributions. The Hospital ought to have 100 beds available, in order to cope with the huge demand for admission.

The Committee have sanctioned the institution of considerably more beds than the present income of the Hospital suffices to cover. It is intended, meanwhile, to allow a few of these—in every respect like the other beds—to be occupied by patients who have been recommended by a doctor as suitable, and can themselves, or through friends, contribute a guinea weekly towards the cost of maintenance. By this means the pressure on the waiting list will be lessened.



- A—Administrative Block.
 B—New Pavilions :
 To accommodate 8 and 12
 Patients respectively.
 C—Present Hospital.
 D—Laundry Offices.
 E—Shelters.

BLOCK PLAN OF EXTENSION OF VICTORIA HOSPITAL.

EARLY DIAGNOSIS.

In order to successful treatment, early diagnosis is of the first moment. The work of the Hospital is seriously impeded by the arrival of patients, recommended both by medical and lay men as suitable, who are in the last stages of the disease. The Committee would emphasise the great desirability of early diagnosis. Because the expectation of recovery is immeasurably increased when the treatment is begun early, they are compelled to give preference to applicants who are not in too advanced stages.

LENGTH OF RESIDENCE.

To obtain satisfactory results, it has been found necessary to lengthen the limit of residence. During the past year, some patients have been retained for six months. By reason of this, the total number of patients under treatment within the year has been rather less, but the results have proved even more gratifying than hitherto.

RESULTS OF TREATMENT.

Almost without exception, the patients have benefited greatly by residence. In many cases a complete arrest of the disease has been achieved, and patients who had been affected by grave disease have been able to resume regular work.

The gain in weight, musculature, and general well-being is remarkable. Thus most of the patients have increased in weight by one or two stones. Some have put on as much as fifty and even seventy pounds. Many have been discharged better than they have ever been, and returned to their old occupations, having learned their lesson. Others have been advised on discharge as to a more suitable line of life. A few have been retained in the service of the Hospital. Old patients, in increasing numbers, report themselves from time to time, so that the staff is kept informed of their continued well-being.

OUT-PATIENT DEPARTMENT.

The total number of individual cases since the date of opening has been 10,991. Many of these patients have attended the Institution a large number of times.

The Committee have especial pleasure in recording so large a number. They feel satisfied that through the visits of these patients to the Institution, and the visits of the out-door physician to their houses, and the circulation of printed instructions regarding the prevention and treatment of disease, which has gone on for many years, a vast amount of wholesome education has been quietly effected.

The Committee have again to note the definite diminution in the proportion of advanced patients applying at the out-patient department for the first time.

Bedridden patients, and patients who because of weakness or other disability cannot attend the department, continue to be visited by the out-door medical officer, whose services have been invaluable both in the direction of relieving suffering and informing friends of the patient how to limit the spread of the disease.

SAMARITAN COMMITTEE.

The labours of the Samaritan Committee have added much to the usefulness of an Institution whose work lies specially among patients reduced financially as well as physically. At the fortnightly meetings of the Samaritan Committee the more necessitous cases are brought up for consideration by the out-door medical officer, and such help as seems advisable in the direction of invalid comforts is arranged.

REVENUE.

The balance at the debit of the Revenue Account on 31st March 1900 has been increased to £2696, 19s. 4d. at 31st March 1902.

The Committee would fain see the amount of annual subscriptions materially increased. Whenever the question of extension is broached, they are faced with the difficulty of

the maintenance of the beds. The difficulty can most easily be got over by a large increase in the annual income.

They would renew the expression of their earnest hope that some wealthy citizen, realising the necessity, will undertake the adequate extension of the Institution.

In conclusion, the Committee would thank the many friends who have already taken part in the work by subscription or donation. They have to thank very specially certain of the larger contributors to the Extension Scheme (p. 63). Acknowledgment of the various donations and subscriptions will be found on pp. 31-64. Valuable service has been rendered throughout Scotland by means of the Local Auxiliaries for the collection of subscriptions (see pp. 4-5, 50-63). The Committee beg to thank the ladies and gentlemen forming the auxiliaries for their generous labours in helping to extend the usefulness of this National Institution. They have also to record their gratitude to the members of the medical staff and other office-bearers, the lady superintendent and nurses, the ladies who have given their services in connection with the Samaritan work, and the lady collectors. They desire also to thank the clergymen whose services have been kindly given to the Hospital.

In name of the Committee of Management,

A. CHRISTISON,
President.

MEDICAL STATISTICS.

HOSPITAL—INDOOR PATIENTS.

From date of opening in autumn 1894 till 31st March 1902, 700 patients have been under treatment in the Hospital.

In addition to these 700 resident patients, 49 patients have been allowed to spend the whole day at the Hospital, enjoying the régime and treatment, going home at night, making a total of—

Indoor (Resident) Patients	700
Visitant Patients,	49
	<hr/>
	749

TABLE I.—SHOWING OCCUPATIONS OF PATIENTS.

Architect's Draughtsmen	1	Factory Hands	12
Asylum Attendants	1	Feather Curlers	1
Bakers	6	Fishermen	5
Barbers	1	Footmen	1
Black Borderers	1	French Polishers	1
Blacksmiths	9	Gamekeepers	2
Boiler Firemen	1	Gardeners	4
Boilermakers	1	Glassworkers	5
Bookbinders	2	Golf-club Makers	1
Bookfolders	7	Golfers (Professional)	2
Booksellers	1	Governesses	3
Brassfounders	1	Grocers	3
Brick Kiln Setters	1	Grooms	4
Builders	1	Gunsmiths	1
Butchers	2	Housewives	75
Butlers	2	Housekeepers	2
Cabinetmakers	2	Index-cutters	1
Canvas Embossers	1	Ironfounders	5
Carriers	1	Ironmongers	2
Chemists	2	Ironmoulders	1
Claypipe Makers	2	Janitors	1
Clerks	40	Joiners	20
Coopers	3	Journalists	1
Crofters	1	Labourers	17
Dairymaids	2	Lady's Companions	2
Dairymen	3	Laundresses	2
Domestic Servants	48	Librarians	1
Drapers	4	Litho Artists	1
Dressmakers	26	Machinists	10
Dyeworkers	2	Maltmen	1
Electricians	2	Marine Firemen	1
Electrotype Finishers	2	Masons	19
Engineers	5	Medical Practitioners	1
Engravers	1	Messengers	6
Envelope Folders	4	Millworkers	13

TABLE I.—*continued.*

Milliners	1	Shirtmakers	2
Miners	3	Shoemakers	1
Nondescript	40	Shopkeepers	3
Nurses	4	Shopgirls	13
Nursenmaids	11	Soldiers	1
Painters	7	Stablemen	1
Paper Bagmakers	2	Stationers	1
Paper Workers	5	Steelworkers	1
Ploughmen	4	Stonecutters	1
Plasterers	1	Students	2
Pitmen	1	Surveyors	1
Piano Tuners	1	Tailors	22
Plumbers	13	Teachers	8
Policemen	3	Tinsmiths	2
Porters	4	Telegraph Boys	1
Postmen	2	Tobacconists	1
Pressers	2	Tram Conductors	1
Printers and Compositors	25	Typists	2
Publicans	1	Upholsterers	6
Pursemakers	1	Valets	1
Quarrymen	1	Van Builders	1
Reservists	1	Vanmen	3
Road Superintendents	1	Waiters	3
Railway Workers	7	Waitresses	3
Relief Stampers	1	Wardmaids	1
Rubber Workers	6	Warehousemen	3
Salesmen	6	Warehousewomen	1
Saleswomen	5	Watchmakers	3
Seamen	5	Weavers	2
School Children	19	Wood Carvers	3
Schoolmasters	2	Woolsorters	3
Seedsman	1		
Shepherds	1		
			<hr/> 700

TABLE II.—SHOWING AGES OF PATIENTS.

Under 11	10
From 11-20	205
„ 21-30	304
„ 31-40	116
„ 41-50	58
Over 50	7
	<hr/> 700

TABLE III.—SHOWING SEX OF PATIENTS.

Males	374
Females	326
	<hr/> 700

TABLE IV.—SHOWING RESIDENCE OF PATIENTS.

Edinburgh	362
Vicinity of Edinburgh	79
Country—	
Aberdeenshire	7
Argyllshire	2
Ayrshire	3

TABLE IV.—*continued.*

Banffshire	1
Berwickshire	13
British Guiana	1
Caithness-shire	2
Clackmannanshire	1
Dumbartonshire	5
East Lothian	16
Fifeshire	32
Forfarshire	24
Haddingtonshire	2
Harris	1
Italy	1
Inverness-shire	2
Kincardineshire	2
Kinross-shire	2
Lanarkshire	34
Lewis	1
Linlithgowshire	12
London	1
Midlothian	16
Orkney	3
Peebles	1
Perthshire	18
Renfrewshire	4
Ross-shire	2
Roxburghshire	5
Selkirkshire	17
Shetland	8
Stirlingshire	15
Sutherlandshire	4
Switzerland	2
	— 259
	700

OUT-PATIENT DEPARTMENT.

Up to 31st March 1902, 10,991 *individual cases* received treatment at the Out-Patient Department.

TABLE I.—SHOWING ATTENDANCES FROM 31ST MARCH 1901
TILL 31ST MARCH 1902.

	At Institution.	At their own Homes.	TOTAL.
April	885	101	986
May	1,098	85	1,183
June	920	57	977
July	995	57	1,052
August	917	64	981
September	951	107	1,058
October	928	111	1,039
November	869	142	1,011
December	797	161	958
January	860	170	1,030
February	973	156	1,129
March	1,128	138	1,266
	11,321	1349	12,670

TABLE II.—SHOWING DISEASES FROM WHICH PATIENTS SUFFERED.

Pulmonary Tuberculosis	7485	Injury to Chest, and Hernia	
Bronchitis	1134	of Lungs	11
Emphysema, with Bronchitis,		Croupous Pneumonia	9
Asthma, etc.	476	Pleura, Affections of	207
Edema of Lungs, with or		Larynx, Affections of	158
without Bronchitis, Weak		Affections of related Organs,	
Heart, etc.	268	etc.	1224
Capillary Bronchitis	19		<hr/>
			10,991

TABLE III.—SHOWING OCCUPATIONS OF PATIENTS.

Artists	13	Leather Workers	12
Athletes	2	Librarians	2
Bakers	120	Lithographers	18
Blacksmiths	79	Lorrymen and Carters	114
Bookbinders and Folders	167	Maltmen	31
Brassfinishers	71	Masons	464
Butchers	39	Millworkers	234
Cabmen and Grooms	109	Musicians	14
Carpenters, Joiners, and		Nondescript	602
Woodworkers	388	Paper Bag Makers, etc.	28
Charwomen	103	Paper Cutters	43
Chemists	16	Painters	108
Children (below fifteen)	1118	Plasterers	36
Chimney Sweeps	5	Plumbers	65
Clerks and Warehousemen	332	Policemen and Watchmen	25
Coal Miners and Workers	89	Porters	103
Comb and Brush Makers	19	Postmen, Lamplighters, etc.	23
Confectioners	8	Printers, Compositors, etc.	295
Corkcutters	15	Railway Servants	22
Dairymen	5	Riggers	4
Domestic Servants	412	Rubber Workers	186
Engineers and Enginemen	163	Salesmen	171
Farm Servants	13	Saleswomen	175
Firemen	29	Scavengers	4
Fishermen and Sailors	42	Sealing-wax Makers	1
Fishwomen	40	Seamstresses and Dressmakers	243
Fitters and Riveters	42	Shoemakers	104
Gardeners and Farmers	48	Sick Nurses	41
Gatekeepers and Messengers	68	Slaters	30
Glasscutters and Grinders	26	Soldiers	27
Glaziers and Gilders	23	Spinners	10
Golf-club Makers	1	Stokers	7
Grocers	67	Students	13
Guards	25	Tailors and Hatters	240
Gunmakers	11	Tanners and Curriers	25
Hairdressers	42	Teachers	56
Hawkers	80	Tinworkers	47
Housewives	2034	Upholsterers	23
Insurance Agents and Com-		Vulcanite Workers	1
mmercial Travellers	118	Waiters	99
Ironmoulders and Typefounders	107	Weavers	35
Jewellers and Watchmakers	39	Wireworkers	21
Labourers	753		<hr/>
Laundresses	78		10,991

TABLE IV.—SHOWING AGES OF PATIENTS.

From 1-10	789
„ 11-20	2,233
„ 21-30	3,109
„ 31-40	2,275
„ 41-50	1,417
„ 51-60	715
Above 60	453
	<hr/>
	10,991

TABLE V.—SHOWING SEX OF PATIENTS.

Males	6,056
Females	4,935
	<hr/>
	10,991

TABLE VI.—SHOWING RESIDENCE OF PATIENTS.

Edinburgh	8,584
Portobello and Joppa	92
Leith, Newhaven, and Trinity	1,207
Country	1,108
	<hr/>
	10,991

TABLE VII.—SHOWING DISTRICTS FROM WHICH PATIENTS HAVE BEEN RECEIVED, OTHER THAN EDINBURGH, LEITH, AND IMMEDIATE VICINITY.

Aberdeen	4	Broxburn	39
Aberdour	5	Buckhaven	1
Addiewell	1	Burntisland	7
Alexandria	1	Caithness	2
Alloa	5	Carlisle	3
Alnwick	1	Cleland	1
Alyth	1	Coatbridge	2
Alva	11	Cockenzie	79
Airdrie	1	Colinton	7
Anstruther	1	Corstorphine	11
Arbroath	2	Cowdenbeath	3
Argyllshire	2	Chirnside	2
Armadaie	3	Cramond	3
Auchendinny	3	Crieff	3
Ayr	1	Cumberland	1
Ayton	1	Currie	4
Bathgate	11	Dalhousie	1
Beattock	1	Dalkeith	23
Belfast	1	Dalmeny	1
Berwick-on-Tweed	5	Davidson's Mains	8
Biggar	1	Denholm	1
Blantyre	3	Denny	2
Blackhall	9	Doune	1
Blair Atholl	1	Duddingston	6
Bo'ness	6	Dumbarton	1
Bonnyrigg	22	Dumfries	4
Bonar Bridge	1	Dunbar	8
Blairgowrie	2	Dunblane	1
Bowbridge	1	Dundee	15

TABLE VII.—*continued.*

Dundonald	1	Longniddry	2
Dunfermline	29	Macmerry	2
Duns	3	Manuel	1
Dysart	2	Markinch	2
East Calder	6	Maybole	1
Earlston	4	Melrose	2
Elgin	1	Midcaldar	11
Elphinston	1	Milton Bridge	1
England	17	Moffat	1
Eyemouth	1	Montrose	3
Falkirk	25	Motherwell	2
Fauldhouse	4	Musselburgh and Fisherrow	86
Fife	10	Newton Grange	1
Ford	2	North Berwick	3
Forres	1	Orkney and Shetland	27
Galashiels	19	Paisley	2
Garvald	2	Peebles	16
Gilmerton	1	Pencaitland	13
Glasgow	89	Penicuik	26
Gordon	1	Perth	9
Gorebridge	6	Pitlochry	1
Govan	2	Polmont	4
Grangemouth	9	Polton	2
Granton	4	Prestonpans	22
Haddington	7	Queensferry, N. and S.	14
Hamilton	4	Reston	1
Hawick	4	Rosewell	2
Helmsdale	1	Roslin	3
Innerleithen	6	Ross-shire	1
Inverkeithing	2	Rothsay	1
Inverness	4	St. Andrews	1
Ireland	1	St. Boswells	2
Island of Eigg	1	Selkirk	8
Jedburgh	1	Shotts	3
Johnstone	4	Slateford	10
Juniper Green	5	South Shields	2
Kelso	1	Stenton	1
Kinghorn	1	Stirling	9
Kingsknowe	1	Stonehaven	1
Kirkcaldy	38	Stow	2
Kirkintilloch	1	Sutherlandshire	2
Kirkliston	1	Tain	1
Kirknewton	1	Tillicoultry	2
Ladybank	1	Tranent	55
Lanark	4	Tynecastle	1
Langsidehouse	1	Uphall	7
Lauder	1	Wales	1
Leslie	1	Walkerburn	3
Leven	2	Wemyss	4
Liberton	12	West Calder	3
Linlithgow	6	Whitburn	1
Liverpool	1	Winchburgh	1
Livingston	1	Wishaw	1
Loanhead	15	Australia	1
Lochgelly	1		
Lockerbie	2		
London	3		

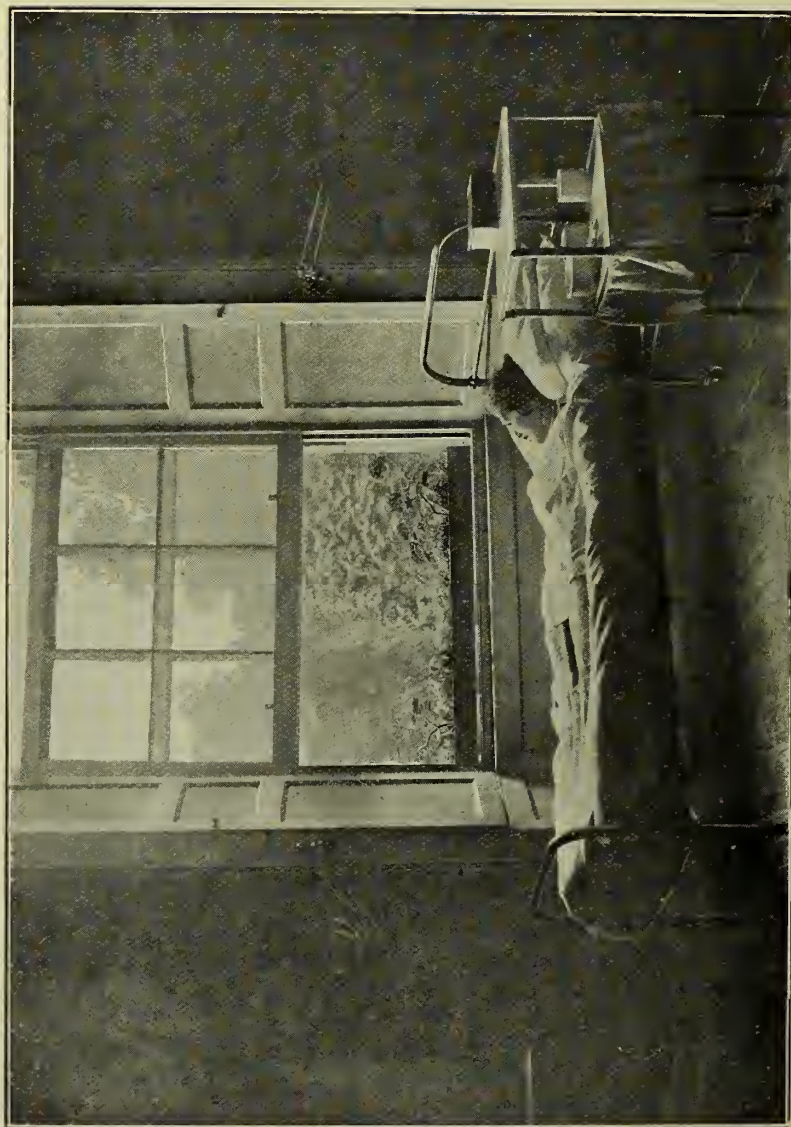
ILLUSTRATIVE CASES.

T. R., a chemist's assistant, age twenty-three, admitted into Hospital, July 1895, suffering from consumption both of chest and throat, his voice gone, and his condition such as to utterly incapacitate him for work. He did well while in Hospital, regained his voice, and put on flesh. After leaving he continued to live on the lines he had been taught, with the result that he is now in perfect health, following his occupation in a town in the north.

W. K., plumber's apprentice, age seventeen, admitted into Hospital, August 1895, with both lungs affected. He made a most satisfactory recovery, and on leaving Hospital, acting on the advice given him, went for a trip to the Mediterranean. The sea suited him so well that he gave up his old occupation, and is now employed as a steward.

E. G., electrical mechanic, age twenty-one, admitted November 1895. The condition of this patient's lungs was so bad that there seemed little hope of his life being spared. He improved, however, and after being kept under observation for a long time, and carrying on the treatment he was able to return to work about a year ago, and is now keeping very well.

W. N., teacher, age nineteen, admitted May 1896. Had been obliged to give up his work owing to consumption, with bleeding from the lungs. He improved immensely during residence in Hospital, gaining strength and weight. The improvement has been steadily maintained, and he is now at his old work, looking perfectly strong and fit.



WARD IN SANATORIUM - CONTINUOUS OPEN WINDOW

OUT-PATIENT DEPARTMENT.

THE following cases, taken at random from the note-book of the Assistant Medical Officer, serve to illustrate the nature of this department of the work:—

Case of A. B.—Girl, seventeen years of age, with tuberculous disease of both lungs rapidly advancing. I found this patient lying in the corner of a large room, two stories below the street level, dark, damp, ill-ventilated, the only window looking out on a small patch of dirty grass at the same level as the floor of the dwelling-house. At the opposite corner of the room was another bed in which her father, uncle, and little brother slept, her mother and some other members of the family having already died of phthisis. She lay on a dirty bed,—expectorating into scraps of linen which were thrown carelessly about the room,—not properly fed, clothed, or nursed. With such surroundings the poor child had to lie for weeks, racked by pain and constant coughing, gasping for breath, in a high fever, suffering greatly from thirst, till death relieved her from her suffering. Her friends, though doing everything in their power, had neither the means nor the knowledge required to nurse her properly.

SAMARITAN WORK.

This graphic narrative, reported by one of the lady visitors, tells its own terribly sad tale:—

Case of A. G.—Married man, with young wife and two children. Unable to work for nine months; in the last stage of consumption. Wife working one day in the week; her confinement near, and unable to do much. In this state the household had just flitted to another house. A. G. quite exhausted with removal and unable to rise, suffering terribly from coughing, exhaustion, and expectoration. Wife obliged to put him on “shake-down” three days after removal, and infant born that evening in bed where husband had been. Thirty-six hours after, wife had to rise to let A. G. be put into the bed again, where he died twelve hours later in great suffering. Wife, new-born infant, and the two others, had to sleep on “shake-down” for three days, until the “parish” came to bury the husband and father! Is it to be wondered that consumption spreads?

ABSTRACT OF THE TREASURER'S ACCOUNTS, from 31st March 1901 to 31st March 1902.

I.—GENERAL REVENUE AND EXPENDITURE ACCOUNT.

CHARGE.

I. Revenue received—

1. Subscriptions and Donations—

(1) Edinburgh, as on p. 47 . . .	£340 0 7
(2) Leith, " p. 48 . . .	45 15 0
(3) Public Works, " p. 49 . . .	83 2 5
<hr/>	
(4) Miscellaneous, " p. 49 . . .	£968 18 0
(5) Country Districts, " p. 63 . . .	289 13 8
(6) Christmas Appeal, " p. 64 . . .	806 11 7
	207 15 6
	<hr/>
	£2,272 18 9
	<hr/>
	127 4 0

2. Dividends and Interest received . . .

£2,400 2 9
2,696 19 4

II. Balance at debit of Account at 31st March 1902

DISCHARGE.

1. Payments chargeable against the Revenue—

1. Payments in connection with the Hospital—

(1) Rent, Taxes, and Insurance . . .	£70 10 8
(2) Provisions . . .	1,264 10 1
(3) Salaries and Allowances to Resident Staff . . .	194 1 0
(4) Servants' Wages . . .	90 9 10
(5) Coals and Gas . . .	194 13 11
(6) Furnishings and Repairs . . .	310 15 6
(7) Medicines and Medical Appliances . . .	157 6 8
(8) Lodge-keeper's Wages . . .	52 0 0
(9) Expenses connected with Garden and Grounds . . .	113 7 6
(10) Telephone Rent, £6, 10s.; Matron's Sundries, £31, 1s. 6d.; and Miscellaneous, £16, 7s. 3d. . .	53 18 9

£2,501 13 11

2. Payments in connection with the Dispensary—

(1) Rent, Taxes, and Insurance . . .	£49 12 6
(2) Salary to Medical Assistant . . .	60 0 0
(3) Coals and Gas . . .	11 7 5
(4) Repairs . . .	2 10 6
(5) Caretaker's Wages . . .	36 0 0
(6) Medicine and Medical Appliances . . .	307 0 4
(7) Telephone Rent, £5; Caretaker's Sundries, £12; and Miscellaneous, £3, 17s. . .	20 17 0

3. Interest Paid . . .	487 7 9
4. Printing . . .	212 3 9
5. Expenses of Collections . . .	115 8 3
6. Expenses of Management . . .	126 17 6
7. Stationery, Postages, and Miscellaneous Expenses . . .	29 8 0
	12 11 11

II. Balance at debit of Account at 31st March 1901

£3,485 11 1
1,611 11 0
<hr/>
£5,097 2 1

CHARGE.		DISCHARGE.	
I.	Balance at credit of Fund at 31st March 1901	£4,525	19
II.	Legacy from the late Miss Martha Campbell, Walker Street	£1,000	0
	From the late Mr. A. B. Fleming, Hillwood, Corstorphine	1,368	7
		2,368	7
III.	Donations to Extension Fund, as on p. 63	1,006	17
		£7,901	3
		10	
		£1,182	11
		4	0
		£1,186	11
		6,714	12
		8	
		£7,901	3
		10	

III.—ENDOWMENTS FUND.

CHARGE.	DISCHARGE.
I. "Howard Graham Usher Bed."	£1,000 0 0
II. Donation from the late Julius H. Beilby, Esq., the Income available for Ordinary Expenditure	500 0 0
III. "George Vallance Bruce Bed."	1,000 0 0
IV. "W. E. Miller Bed," £1000, less Duty	909 6 8
	<hr/> £3,409 6 8

IV -- STATEMENT OF FUNDS as at 31st MARCH 1902.

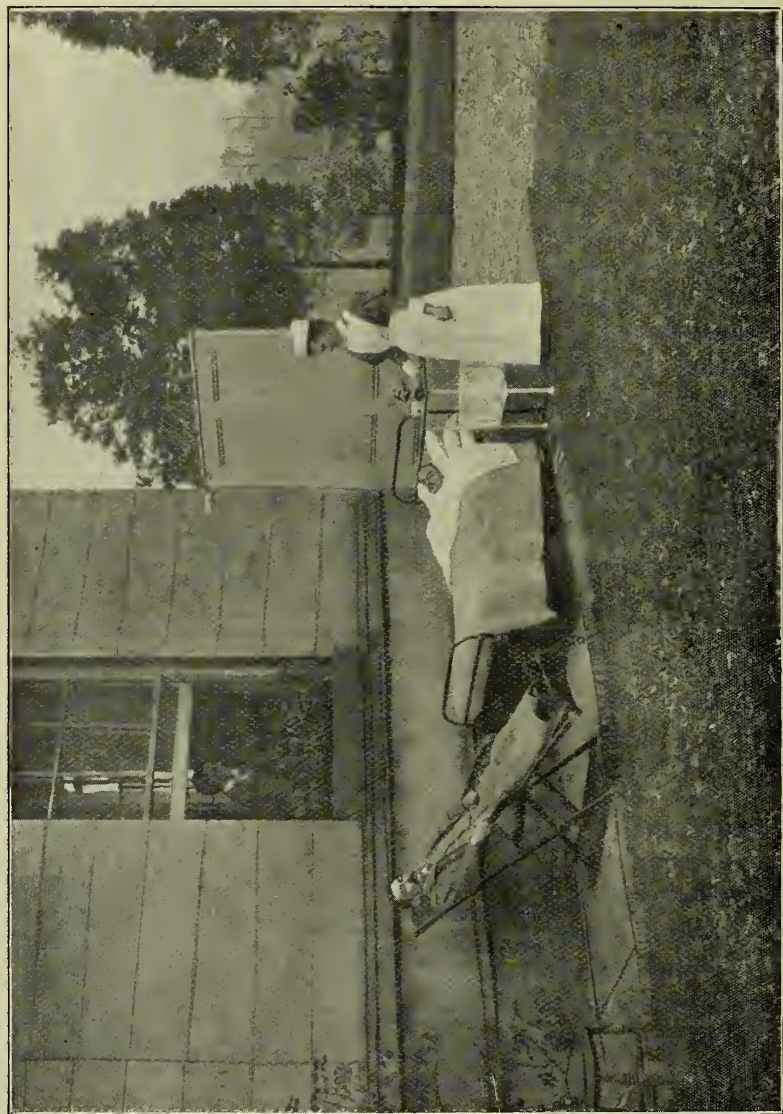
I. Balance at credit of Hospital Fund	£6,714 12 8
II. Do. Endowment Fund	3,409 6 8
	<hr/> £10,123 19 4

I. Balance at debit of General Revenue and Expenditure Account	£2,696 19 4
II. Funds—	
(1) 125 Ordinary Preferred Shs. of £4 each, fully paid, in the Mortgage Company of South Australia	£500 0 0
(2) £1360 3½% Deb. Stock of the National Telephone Company at cost	1,479 14 0
(3) Sum on Deposit Receipt with Bank of Scotland	4850 0 0
(4) Balance on Account Current with the Commercial Bank of Scotland	273 6 11
(5) Balance in hands of Maroon for Expenses	10 0 0
(6) Balance due by Treasurer	35 13 3
(7) Receipts in the hands of the Treasurer, less Payments subsequent to 31st March 1902, and included in above	278 5 10
	<hr/> 7,427 0 0
	<hr/> £10,123 19 4

EDINBURGH, 5th June 1902.—I have examined the Account of the Introniissions of the Treasurer of the VICTORIA HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST for the year ending 31st March 1902, of which the above is an Abstract, and have found it correct.

EDWARD ROYD, C.A. *Auditor*

EDWARD BOYD, C.A., Auditor



CONTINUOUS OPEN-AIR TREATMENT FOR PATIENT CONFINED TO BED.

Rules for Consumptive Patients and Those Looking after Them.

(As issued to Out-Patients at the Victoria Hospital.)

Consumption is a communicable disease. It may pass from person to person. It may pass from one lung to the other, or from one organ to another.

The chief source of infection is the expectoration of the consumptive. The great danger lies in the drying of the expectoration, and the blowing about of the dried infectious material.

The spread of consumption can be largely prevented. *If the succeeding directions be obeyed, there need be no serious danger in ordinary intercourse with patients. The breath of the consumptive is not directly infectious.*

The patient should expectorate into a jar or cup containing a tablespoonful of carbolic acid (1 to 20) or other disinfectant.

The vessel should be changed once in twelve hours, or oftener. It should be cleansed by being filled up with *boiling* water. The combined contents should be poured down the w.c. The vessel should then be washed with *boiling* water.

When the patient is out of doors, he should carry a pocket spitting flask (such as Dettweiler's, or the Victoria Hospital simpler model). The flask should be used and cleansed like the jar. The patient should never spit on the streets.

The patient should not use handkerchiefs for expectoration. If this ever has to be done, the handkerchief should be of an inexpensive material, that it may be burned after use. Squares of rag or paper, which may be used for convenience, should be similarly treated.

The expectoration should on no account be swallowed, for thereby the disease may pass to other organs.

Consumptive patients should avoid kissing.

Consumptive mothers should not suckle.

If expectoration has been accidentally deposited on the floor or other object, it should be wiped up and burned, and the surface of the object cleansed with strong antiseptic.

Rooms which have been long occupied by a consumptive patient should, before occupation by someone else, be carefully disinfected, as after other infectious disease.

FRESH AIR is the food of the lungs. Therefore, see that the lungs be not starved.

A.—By Day.—The patient should occupy as airy a room as possible. It must be scrupulously dry, and preferably removed from the ground. The window should be *freely* open. When able, the patient should be out of doors once or several times during the day. He must avoid over-effort, and damp, or chill, which would counteract the benefit.

B.—By Night.—He should sleep alone. The bedroom should be large and airy. The window should be kept open, less or more according to the season.

Copies of these, on card, can be had for distribution, price 2s. 6d. per 100, on application to the Physician, Victoria Hospital for Consumption, Craigleith, Edinburgh.

Regulations for the Admission of Patients.

1. The Victoria Hospital is founded for the treatment of patients suffering from Consumption and allied Diseases of the Chest, who are in necessitous circumstances.

2. No patient whose household is in receipt of Parish Assistance shall be considered eligible for admission.

3. Patients will be admitted to indoor treatment only if the Physician is satisfied that the case may reasonably be expected to benefit thereby.

4. Subject to the above restrictions, patients will be received in order of application, according as vacancies may occur.

5. All applications for admission must be made directly to the Physician, Out-Patient Department, 26 Lauriston Place.

6. The length of residence in hospital will depend on the nature of the case. With regard to this the Physician shall be the sole judge.

7. No case shall be admitted twice in one year, save in quite exceptional circumstances.

8. In entering the Hospital, patients agree to conform rigidly to the Rules of the Institution. No patient shall be readmitted if he has once been discharged for breach of Rules.

OUT-PATIENT DEPARTMENT,

26 LAURISTON PLACE.

The Out-Patient Department is open for consultation to all necessitous patients suffering from Consumption or Diseases of the Chest.

Medicines are dispensed *gratis* only to such patients as the Physician ascertains to be in need of such further assistance. A formal charge of One Penny will be made for each prescription so dispensed.

Patients shall not receive advice or medicines unless they attend punctually at the appointed hours, which are indicated on the Prescription Form.

The above Regulations are subject to alteration by the Acting Committee.

THE OUT-PATIENT DEPARTMENT, 26 LAURISTON PLACE, is open for the Reception of Patients on MONDAYS, WEDNESDAYS, and FRIDAYS, from 3 to 4 p.m.; and for the Dispensing of Medicines Daily (except Sunday), from 10 to 10.30 a.m., and on Mondays, Wednesdays, and Fridays, from 6 to 6.30 p.m.

About 60,000 Persons die annually of Consumption in the
United Kingdom.

THE VICTORIA HOSPITAL
FOR
CONSUMPTION
CRAIGLEITH, EDINBURGH



OPEN-AIR TREATMENT—SCREEN SHELTERS.

THIRTEENTH ANNUAL REPORT
(1902-1903)

Out-Patient Department—
26 LAURISTON PLACE, EDINBURGH

In Memoriam Wards and Beds.

THE Trustees will be pleased to gratify the wish of any Donors who may desire to endow and name a Ward or single bed in the Victoria Hospital. They purpose, therefore, to affix to beds in perpetuity the name of any benefactor of the Hospital to the extent of £1000 by donation or legacy, who so desires it, and to Wards in recognition of larger donations.

Lord Derby, when presiding at the opening of the New Extension Building to Brompton Hospital for Consumption, alluding in his speech to Memorial Wards and Beds, said—"One cannot dictate the form which affection and regret shall take to display themselves; every one must make their own choice; but for myself, I cannot conceive a more satisfactory method of keeping alive the memory of a lost relative or friend, than by attaching his or her name permanently and inseparably to an institution which is intended to relieve suffering, and which for many generations to come may be a benefit to the living as well as a remembrance of the dead."

FORM OF LEGACY OR BEQUEST.

I give and bequeath to the VICTORIA HOSPITAL FOR CONSUMPTION, CRAIGLEITH, EDINBURGH, payable to the Treasurer of the Institution for the time being, the sum of
free of legacy duty.

“Regulations for Admission of Patients” will be found on p. 3 of Cover.

THIRTEENTH ANNUAL REPORT

(1902-1903)

OF THE

VICTORIA HOSPITAL

FOR

CONSUMPTION

CRAIGLEITH, EDINBURGH

Patrons and Patronesses.

THE EARL OF ABERDEEN.

THE LADY MARY HOPE.

THE LADY SUSAN GRANT SUTTIE.

RIGHT HON. LORD KINNEAR.

HON. LORD KYLLACHY.

Out-Patient Department—

26 LAURISTON PLACE, EDINBURGH

OFFICE-BEARERS.

President.

SIR ALEXANDER CHRISTISON, BART.

Vice-President.

SIR ALEXANDER KINLOCH, BART.

Trustees.

CHARLES COOK, Esq., Writer to the Signet.

CHARLES J. GUTHRIE, Esq., K.C.

JAMES MYLNE, Esq., Writer to the Signet.

R. R. SIMPSON, Esq., Writer to the Signet.

General Committee.

ARTHUR ALISON, Esq., Advocate, 3 Moray Place, Edinburgh.

* Brigade-Surgeon Lieut.-Colonel JAMES ARNOTT, M.D., 8 Rothesay Place.

Dr. JOSEPH BELL, F.R.C.S., 2 Melville Crescent, Edinburgh.

Rev. ROBERT BLAIR, D.D., St. John's Parish Church, Edinburgh.

* Sir ALEXANDER CHRISTISON, Bart., 40 Moray Place, Edinburgh.

Dr. T. S. CLOUSTON, F.R.C.P., Royal Asylum, Morningside, Edinburgh.

* CHARLES COOK, Esq., W.S., 61 Castle Street, Edinburgh.

Sir HALLIDAY CROOM, Pres.R.C.S., 25 Charlotte Square, Edinburgh.

Rev. E. C. DAWSON, St. Peter's Church, Edinburgh.

* C. J. GUTHRIE, Esq., K.C., 13 Royal Circus, Edinburgh.

Rev. JAMES HARVEY, Lady Glenorchy's U.F. Church, Edinburgh.

* GEORGE A. CLARK HUTCHISON, Esq., Advocate, 24 Drumsheugh Gardens, Edinburgh.

* Sir ALEXANDER KINLOCH, Bart., 5 Forres Street, Edinburgh.

Rev. JAMES MACGREGOR, D.D., St. Cuthbert's Church, Edinburgh.

* Sir ARTHUR MITCHELL, K.C.B., 34 Drummond Place, Edinburgh.

* JAMES MYLNE, Esq., W.S., 10 Ainslie Place, Edinburgh.

Rev. GEORGE PHILIP, D.D., St. John's U.F. Church, Edinburgh.

* Dr. R. W. PHILIP, F.R.C.P., 45 Charlotte Square, Edinburgh.

E. T. SALVESEN, Esq., K.C., 40 Drumsheugh Gdns., Edinburgh.

* R. R. SIMPSON, Esq., W.S., 23 Douglas Crescent, Edinburgh.

W. C. SMITH, Esq., K.C., 57 Northumberland St., Edinburgh.

Prof. HUNTER STEWART, D.Sc., 9 Learmonth Gdns., Edinburgh.

JOHN WARRACK, Esq., 14 Carlton Terrace, Edinburgh.

JOHN WILSON, Esq., K.C., 9 Drumsheugh Gdns., Edinburgh.

Rev. J. H. WILSON, D.D., Barclay Church, Edinburgh.

HENRY J. YOUNGER, Esq., of Benmore, Edinburgh.

Those marked * form the Committee of Management.

Samaritan Committee.

Miss ALISON, 3 Moray Place.
 Mrs. BALFOUR, Dawyck, Stobo.
 Miss BEILBY, 10 Clarendon Crescent.
 Mrs. CRAIGIE BELL, 2 Buckingham Terrace.
 Miss A. BURNS, Milrig, Braid Road.
 Mrs. CHISHOLM, 10 Palmerston Road.
 Mrs. GEORGE CRABBIE, Rothesay Terrace.
 Mrs. DUNCAN, 37 Buckingham Terrace.
 Mrs. AUCKLAND GEDDES, 14 Ettrick Road.
 Mrs. LOVELL GULLAND, 6 Alva Street.
 Mrs. L. A. GUTHRIE, The Hollies, Davidson's Mains.
 Mrs. HISLOP, Castle Park, Prestonpans.
 Miss EMILY LAMB, 10 Grosvenor Crescent.
 Miss LOWSON, 13 South Learmonth Gardens.
 Miss L. MACKENZIE, 21 Learmonth Terrace.
 Mrs. MUIR, 8 Greenbank Terrace.
 Miss MYLNE, 3 Great Stuart Street.
 Mrs. R. W. PHILIP, 45 Charlotte Square.
 Miss A. J. ROLLAND, 16 Alva Street.
 Miss THORBURN, 12 Hermitage Place, Leith.
 Miss WILLIAMSON, 11 Palmerston Road.

Honorary Physicians.

R. W. PHILIP, M.A., M.D., F.R.C.P.
 G. L. GULLAND, M.D., F.R.C.P.

Honorary Surgeon.

DAVID WALLACE, C.M.G., M.B., F.R.C.S.

Resident Physician.

IAN STRUTHERS STEWART, M.B., Ch.B.

Non-Resident Clinical Assistant.

W. LESLIE LYALL, M.B., C.M.

Lady Superintendent.

Miss GUY.

Honorary Secretaries.

WALLACE & GUTHRIE, W.S., 1 North Charlotte Street, Edinburgh.

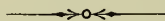
Clerk and Treasurer.

NORMAN CAIRNS, C.A., 4A St. Andrew Square, Edinburgh.

Auditor.

EDWARD BOYD, C.A., 23 Thistle Street, Edinburgh.

LADY PRESIDENTS AND PATRONS OF COUNTRY AUXILIARIES.



- Aberdeenshire*—Mrs. FARQUHARSON of Houghton, Netherton, Meigle.
Arbroath—Mrs. LINDSAY CARNEGIE, Kinblethmont.
Ardrossan—The COUNTESS OF EGLINTON, Eglinton Castle.
Auchtermuchty—Mrs. FAIRLIE, Myres Castle.
Bonkyl and Ednam—Mrs. SANDYS LUMSDAINE, West Blanerne.
Caithness-shire—The DUCHESS OF PORTLAND, Langwell.
Clackmannanshire—The COUNTESS OF MAR AND KELLIE, Alloa House.
Dalkeith—The MARCHIONESS OF LOTHIAN.
Duns—The Hon. LADY MILLER, Manderston.
Forfarshire—The COUNTESS OF STRATHMORE, Glamis Castle.
Humbie—The Hon. Mrs. SCOTT, Humbie House.
Jedburgh and District—ALEX. WADDELL, Esq., Palace (*Patron*).
Kinross-shire—Mrs. REID, Thomanean.
Kirkliston—Mrs. HOG, Newliston.
Kirknewton—Mrs. HAMILTON, Cairns.
Lesmahagow—The Hon. Mrs. BINGHAM, Stoneybyres House.
Lilliesleaf—Mrs. SPROT, Riddell.
Linlithgow—Mrs. MELVILLE, Lochcote House.
Linlithgowshire—The MARCHIONESS OF LINLITHGOW.
Melrose—The COUNTESS OF DALKEITH, Eildon Hall.
Muthill—Miss SPIER, Culdees Castle.
Newport—Miss LENG, Kinbrae.
Orkney and Shetland—The COUNTESS OF ZETLAND, Kerse House, Falkirk.
Peeblesshire—Mrs. THORBURN, Glenormiston.
Pencailand—The Hon. Mrs. HAMILTON OGILVY, Winton Castle.
Perthshire—LADY GEORGINA MACKENZIE, Balboughty.
Pitlochry—Mrs. MACBETH, Bank of Scotland House.
Pittenweem—LADY AVA-CAMPBELL, Gibliston.
Ratho and Dalmahoy—Miss BULLOCK, The Parsonage.
Rosslyn—LADY DRUMMOND, Hawthornden.
St. Boswells, Mertoun, and Bowden—Miss M. T. BAILLIE, Dryburgh House.
Stow—Miss MILROY, Torsonce.
Sumburgh (Shetland)—Mrs. BRUCE.
Sutherlandshire—The DUCHESS OF SUTHERLAND, Dunrobin Castle.

LADY COLLECTORS—EDINBURGH.

- Adam, Miss E. Borthwick, 28 Hartington Place.
 Aitken, Miss, 12 Grange Terrace.
 Alison, Miss, 3 Moray Place.
 Anderson, Miss J. H., 12 Buccleuch Place.
 Archer, Miss, 2 Wellington Pl., Leith.
 Bayley-Jones, Miss, 24 Torphichen Street.
 Bayley-Jones, Miss Ivy, 24 Torphichen Street.
 Bell, Miss, 181 Morningside Road.
 Bisset, Miss, Bridgend, Craigmillar.
 Blackstock, Miss, 96 Findhorn Place.
 Blackstock, Miss Anna, 96 Findhorn Place.
 Brown, Miss, 5 Bangholm Terrace.
 Burley, Mrs., 5 Morningside Grove.
 Cairns, Miss, 18 Greenhill Place.
 Cairns, Miss K. M., 18 Greenhill Pl.
 Cairns, Miss, Wardie Road, Trinity.
 Carphin, Miss, 24 Northumberland St.
 Cheyne, Miss, 4 Moray Place.
 Chisholm, Miss, 32 Warrender Park Terrace.
 Cowan, Miss, 119 Trinity Road.
 Cowley, Miss, 3 Monmouth Terrace.
 Crawford, Miss Ray, 12 Carlton Street.
 Crerar, Miss, 52 Craigmillar Park.
 Croom, Miss A. M., 25 Charlotte Sq.
 Cunningham, Miss Blair, 18 Rothesay Place.
 Cunningham, Miss M., 5 Prospect Bank, Leith.
 Dawson, Miss Phemie, 24 Royal Ter.
 Dewar, Miss, Drylaw House, Davidson's Mains.
 Dickson, Miss E., 3 Royal Circus.
 Dickson, Miss N. J., 18 Palmerston Pl.
 Drybrough, Miss S., 5 Ettrick Road.
 Drysdale, Miss, 70 Pilrig Street.
 Dun, Miss J. G., Gorgie Ho., Gorgie.
 Ewart, Miss, 8 Stirling Road.
 Fairbairn, Miss M. R., Ferndale, 18 Dalkeith Road.
 Finlayson, Miss G. P., 8 Thirlestane Road.
 Firth, Miss, Rose Villa, Viewforth.
 Fletcher, Miss Morag, 37 Kilmaurs Rd.
 Flett, Miss, 52 St. Alban's Road.
 Gibb, Miss, 21 Royal Terrace.
 Gibb, Miss E., 21 Royal Terrace.
 Gilmour, Miss, 20 India Street.
 Gorton, Mrs., 11 Leopold Place.
 Graham, Miss Edith, 2 St. Bernard's Crescent.
 Grant, Miss, 4 North Fort Street.
 Gray, Miss, 7 Goldenacre Terrace.
 Gray, Miss N., 6 Greenhill Place.
 Greig, Miss, 33 Warriston Crescent.
 Guthrie, Miss, Almora, Colinton.
 Guthrie, Miss, 6 Rochester Terrace.
 Guthrie, Miss A. R., 13 Royal Circus.
 Guthrie, Miss M. F., 13 Royal Circus.
 Halkett, Miss, 1 Randolph Place.
 Hunter, Miss, 8 India Street.
 Hutchings, Miss, 19 Bellevue Crescent.
 Ingram, Miss, 17 Cornwall Street.
 Lawson, Miss, 4 Melgund Terrace.
 Lawson, Mrs., 4 Melgund Terrace.
 Legget, Miss, 2 Ravelston Terrace.
 Lennox, Miss, 19 W. Nicolson Street.
 Logan, Miss, 29 Coates Gardens.
 Longmore, Miss, 18 Melville Street.
 Low, Miss Mabel, Lynn Erich, 61 Morningside Drive.
 Lyon, Miss, 4 Coates Place.
 Macbean, Miss, 26 Braid Crescent.
 MacBeth, Mrs., 9 Oxford Street.
 M'Carthy, Miss, 31 Stafford Street.
 M'Culloch, Miss E., 3 Bellevue Cres.
 M'Cuaig, Miss, 5 Hope Terrace.
 Macdonald, Miss, 5 Bellevue Place.
 MacIntyre, Miss, 27 Howard Place.
 Mackay, Miss, 26 Chalmers Street.
 M'Kean, Miss, 5 Dudley Gdns., Leith.
 Macleod, Miss C. C., 1 Mayfield Road.
 Macminn, Miss, 2 West Coates.
 Macpherson, Miss, 3 Grosvenor Street.
 Mahaffy, Miss J. C., 86A Upper Gilmore Place.
 Marshall, Miss, Hollywood, Canaan Lane.
 Marshall, Miss B. M. Hollywood, Canaan Lane.
 Morrison, Miss, 33 East Trinity Road.

- Morrison, Miss, Thule, Cluny Avenue.
 Mowat, Mrs., Carolside, Wilton Road.
 Muirhead, Miss, 9 Murrayfield Avenue.
 Murray, Miss, 304 Morningside Road.
 Newell, Miss, 6 Summerside Place,
 Leith.
 Oliphant, Miss H. B., 7 Chamberlain
 Road.
 Philip, Miss, 52 Blacket Place.
 Pirie, Miss, 18 Dudley Gardens, Leith.
 Rae, Miss, 5 Cluny Avenue.
 Raimes, The Misses, 5 Belford Park.
 Reid, Miss, 5 Ravelston Park.
 Roberts, Miss, 12 Blackford Avenue.
 Robertson, Miss J. M., 1 Kilmaurs
 Terrace.
 Rolland, Miss A. J., 16 Alva Street.
 Russell, Miss M., 49 Braid Road.
 Salomons, Miss, 2 S. Lauder Road.
 Scott, Miss, 75 Great King Street.
 Smith, Miss, 47 Lauder Road.
 Smith, Miss, 6 Northumberland Street.
 Smith, Miss M. Addison, 3 Belgrave
 Crescent.
 Stalker, Miss L., 23 Upper Gilmore
 Place.
 Stein, Mrs., 8 Maxwell Street.
 Sutherland, Miss, 1B Summerside Pl.,
 Leith.
 Taylor, Miss, 6 Kilgraston Road.
 Thomson, Miss, 74 Inverleith Place.
 Toshach, Miss, 9 St. Leonard's Bank.
 Turnbull, Miss, Alma Lodge, Strathearn
 Road.
 Vert, Miss, 16 Lomond Road.
 Vert, Miss C., 16 Lomond Road.
 Waldie, Miss M., Birnam Lodge, 78
 Trinity Road.
 Wallace, Miss, 7 Inverleith Row.
 Watts, Miss, 30 Mayfield Gardens.
 White, Miss B., Springbank, Ferry
 Road.
 Wilson, Miss, 8 Bonaly Road.
 Wilson, Miss, 45 Comely Bank Road.
 Wingate, Miss E. B., 9 Pentland Ter.
 Wood, Miss, Rosemary, Summerside
 Place.
 Younger, Miss G., 3 Lansdowne Cres.

APPEAL.

THE treatment of consumption has come to the front as never before. Nor can it be said to have come a moment too soon. It is well that we realise what consumption means to us nationally.

In successive Reports it has been shown how appalling is the mortality and distress caused by the disease. In Scotland some 7000 persons die every



COVERED SHELTER—PATIENTS AT REST.

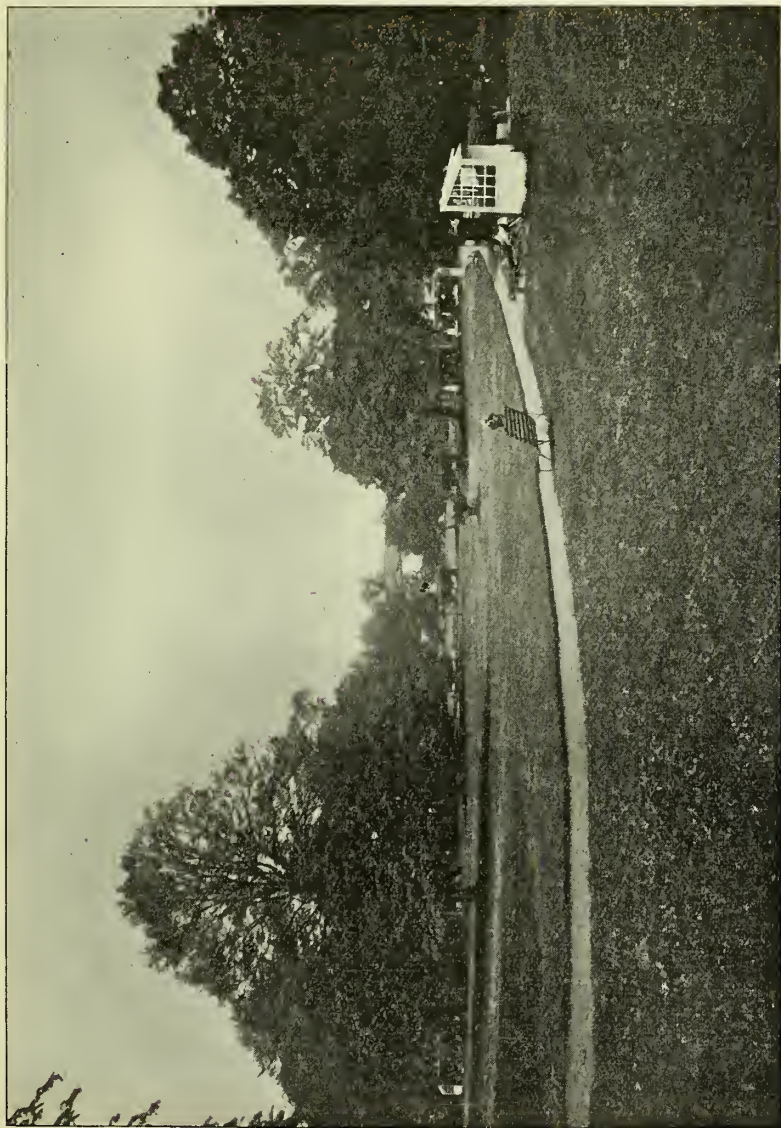
year of consumption. In the City of Edinburgh the annual mortality numbers about 500, and in the various large towns of Scotland the number is correspondingly great. Nor is it confined to our crowded centres. Consumption occurs with remarkable uniformity throughout the country. In the United Kingdom the number of deaths from the disease registers 60,000.

Unhappily, the mortality column is far from exhausting the extent of our national bill. If we multiply the figures already quoted by ten we represent, but inadequately, the number of persons at present suffering from the disease. It is especially sad to recognise how frequently the strongest and fairest of lives are disturbed by its attack. Hundreds and thousands of the best of the race are crippled at a time when the outlook is brightest and fullest of hope. Nor is the damage restricted to the individual directly affected by the disease. In a vast proportion of cases the whole household suffers because of the illness of its chief support.

Public Opinion Awakened.—It is a gratifying aspect of the times to recognise how widely public opinion has been awakened on the question. The renewal of interest is not confined to doctors. Our citizens have been touched powerfully. It is high time to make a combined effort against this scourge of humanity.

Consumption Preventible.—It should be realised that enormous strides have been made in the prevention of consumption. Within the past fifty years the mortality from the disease in Great Britain has been reduced some fifty per cent. In Edinburgh the mortality from consumption has fallen considerably during the past ten years, and in greater proportion than the mortality from fevers. In New York City during eleven years (from 1886 to 1897), when more active measures were taken in relation to the disease the death-rate fell about thirty-five per cent.

These brief statistics are pregnant with hope for the future. It may reasonably be anticipated that with the



VICTORIA HOSPITAL GENERAL VIEW OF THE GROUNDS.

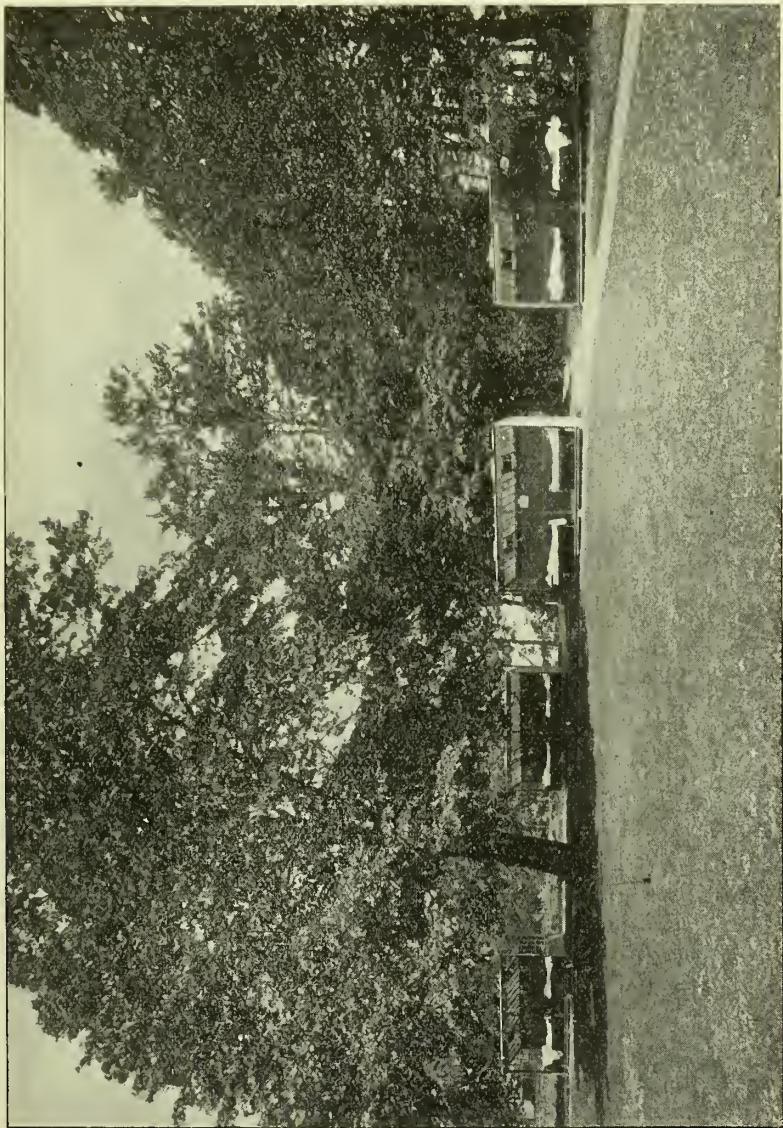
more general adoption of hygienic measures, and more especially with the recognition that fresh air, light, and cleanliness are the great preventives, consumption will gradually disappear from our midst.

Consumption Curable.—Meantime it is no exaggeration to say that hundreds of lives are yearly sacrificed which might readily be saved. Thousands of persons are allowed to sink slowly into a state of physical and financial bankruptcy because the avenues towards cure are so few.

This is the more deplorable in view of the evidence from countless sides that consumption is highly amenable to treatment, if right measures be undertaken sufficiently early. The Victoria Hospital for Consumption can point to many cases of perfect cure which have stood the test of several years' trial. Similar records are forthcoming from other sanatoria in all parts of the world. The significance of the open-air system of treatment of consumption has now been completely established.

Unassailable as are the facts, the practicable outcome has been disappointingly small. Cities and towns throughout the country have considered the question, and many schemes have been proposed, but the actual provision afforded is comparatively slight.

First Hospital in Scotland.—The Victoria Hospital, which was the first hospital in Scotland devoted exclusively to the treatment of consumption, has engaged successfully in the work on open-air lines for over seven years. The Hospital has been from the commencement a *national institution*. Patients are received, in order of application, from every part of Scotland, and many have come from other portions of the United Kingdom. (See



OPEN-AIR SHELTERS, AS ARRANGED FOR NIGHT USE.

Medical Statistics, page 21.) The Hospital has been much visited by medical and lay deputations from many towns of Scotland and England, and its methods have been adopted in relation to other institutions of the kind throughout the kingdom.

The Victoria Hospital occupies a most beautiful site within two miles of Edinburgh. The finely wooded park has been much admired, and the suitability of the site has been convincingly attested by the remarkable results



DINNER TABLE ON CORONATION DAY.

attained. The beautiful park, which slopes pleasantly towards the south, has been provided with all facilities for treatment, in the shape of shelters and screens and graduated walks.

Accommodation too Limited.—But the present accommodation is far too slight. Only twenty-three beds are available at the present time, and any moment the Hospital might be filled ten times over with deserving cases.



CONTINUOUS OPEN-AIR TREATMENT FOR PATIENT CONFINED TO BED.

Waiting List.—There is a long, sad wail from a waiting list of some one hundred patients, to whom admission can only be promised in turn. The applicants must wait some eight or nine months till their turn comes round. Nor is it a matter of delay alone. Each week of such delay means the risk of grave aggravation of the disease. Again and again the terrible tale repeats itself, that *patients have died while waiting for admission.*

Immediate Extension Possible.—The plan of the Hospital has been so arranged that further additions can be effected without delay. The grounds permit of such extension on a simple scheme. Thus the first annexe made to the Hospital, with provision for eight patients, was built and furnished, within three months' time, for less than £800. The results attained in this annexe have been completely satisfactory.

Further Extension only a Question of Money.—£1000 will provide additional accommodation for eight or ten patients. £75 will provide for the residence and treatment of four patients during three months each.

Impressed by the facts and encouraged by the results they have seen, the Committee feel they cannot plead too earnestly for further means to extend the benefits of the Hospital in more adequate proportion.

In name of the Committee,

A. CHRISTISON,
President.

THE THIRTEENTH ANNUAL REPORT
OF THE
COMMITTEE OF MANAGEMENT
OF THE
Victoria Hospital for Consumption,
Craigleith, Edinburgh,

For the year ending 31st March 1903.

IN submitting the Thirteenth Annual Report of the Victoria Hospital for Consumption, the Committee have the pleasure to record that during the past year a large amount of work has been overtaken in the treatment and prevention of consumption; and that the extension buildings, promised in last year's Report, are almost complete. The Committee expect that these new Pavilions will be occupied in July of the present year, and thereby the Hospital's accommodation increased from 23 to over 60 beds.

THE HOSPITAL OR SANATORIUM.

Since the opening of the Hospital up to 31st March 1903, 782 individual patients have been received for indoor treatment in the Hospital.

The Hospital has continued to receive many "visitant" patients in addition to those in actual residence. Altogether, 69 "visitants" have been admitted. Such patients enjoy the régime and other benefits of the Hospital

throughout the day, returning home to sleep. This, while admittedly less satisfactory than actual residence, serves a useful purpose, and has helped considerably to reduce the pressure on the waiting list. About twenty such patients attend daily. Their attendance constitutes a serious item in relation to expenditure, which must be allowed for in calculating the cost per bed.

EXTENSION.

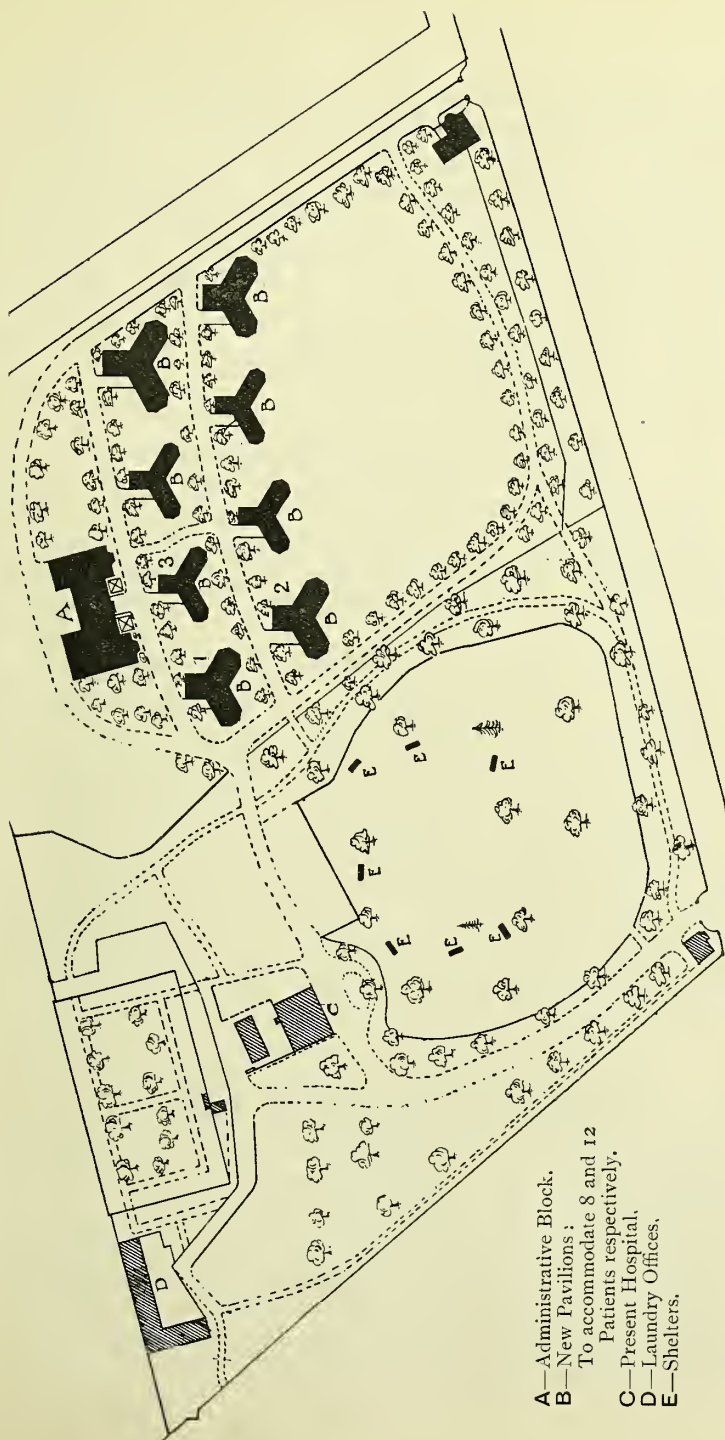
The Committee are glad to be able to report that the three Annexes (marked B 1, 2, and 3 on Block Plan), promised last year, are now almost complete. These together will accommodate 32 patients. The Committee would direct attention to the Plan of Extension, which will be understood readily by reference to the accompanying sketch. Each additional unit is self-contained, and is planned so as to ensure a maximum of sunlight and air. An Annexe for twelve patients can be built for approximately £1500.

The Committee invite those who are interested to visit the new buildings. They have pleasure in acknowledging the care and thought with which the views of the Committee have been carried into effect by the Architects, Messrs. Sydney Mitchell & Wilson.

It is not so much the structural cost as the maintenance of the beds which entails the chief expenditure. To meet this, and to permit of further extension, the Committee earnestly plead for increased contributions. The Hospital ought to have 100 beds available, in order to cope with the huge demand for admission.

The present increase means the occupation of considerably more beds than the income of the Hospital suffices to cover. A few of these—in every respect like the other beds—will be occupied by patients who can themselves, or through friends, contribute a guinea weekly towards the cost of maintenance. It is to be understood, however, that the amount thus contributed does not meet the Hospital's outlay for such patients.

The Committee would emphasise the great desirability of early diagnosis. Because the expectation of recovery is



- A—Administrative Block.
 B—New Pavilions :
 To accommodate 8 and 12
 Patients respectively.
 C—Present Hospital.
 D—Laundry Offices.
 E—Shelters.

BLOCK PLAN OF EXTENSION OF VICTORIA HOSPITAL.

immeasurably increased when the treatment is begun early, they are compelled to give preference to applicants who are not in too advanced stages.

To obtain satisfactory results, it has been found necessary to lengthen the limit of residence. During the past year, some patients have been retained for many months. By reason of this, the total number of patients under treatment within the year has been rather less, but the results have proved even more gratifying than hitherto.

RESULTS OF TREATMENT.

Almost without exception, the patients have benefited greatly by residence. In many cases a complete arrest of the disease has been achieved, and patients who had been affected by grave disease have been able to resume regular work.

The gain in weight, musculature, and general well-being is remarkable. Thus most of the patients have increased in weight by one or two stones. Some have put on as much as fifty and even seventy pounds. Many have been discharged better than they have ever been, and returned to their old occupations, having learned their lesson. Others have been advised on discharge as to a more suitable line of life. A few have been retained in the service of the Hospital. Old patients, in increasing numbers, report themselves from time to time, so that the staff is kept informed of their continued well-being.

OUT-PATIENT DEPARTMENT.

The total number of individual cases since the date of opening has been 12,101. Many of these patients have attended the Institution a large number of times.

The Committee are satisfied that the Out-Patient Department or Dispensary plays a highly important part in the prevention as well as the treatment of consumption. By the visits of patients to the Institution, and the visits of the outdoor physician to bedridden patients at their

houses, and the circulation of printed instructions regarding the prevention and treatment of disease, which has now gone on for many years, a vast amount of wholesome education has been quietly effected. A definite diminution in the proportion of advanced patients applying at the out-patient department for the first time has once more been noted.

SAMARITAN COMMITTEE.

The labours of the Samaritan Committee have added much to the usefulness of an Institution whose work lies specially among patients reduced financially as well as physically. At the fortnightly meetings of the Samaritan Committee the more necessitous cases are brought up for consideration by the outdoor medical officer, and such help as seems advisable in the direction of invalid comforts is arranged.

REVENUE.

The excess of Ordinary Expenditure over Income for year to 31st March 1903 was £1093, 18s. 10d.

The Committee would fain see the amount of annual subscriptions still further increased. Whenever the question of extension is broached, they are faced with the difficulty of the maintenance of the beds. The difficulty can most easily be got over by a large increase in the annual income.

They would renew the expression of their earnest hope that some wealthy citizen, realising the necessity, will undertake the adequate extension of the Institution.

In conclusion, the Committee would thank the many friends who have already taken part in the work by subscription or donation. They have to thank very specially certain of the larger contributors to the Extension Scheme. Acknowledgment of the various donations and subscriptions will be found on pp. 32-70 of the full Report. Valuable service has been rendered throughout Scotland by means of the Local Auxiliaries for the collection of subscriptions. The Committee beg to thank the ladies and gentlemen forming the auxiliaries for their generous

labours in helping to extend the usefulness of this National Institution. They have also to record their gratitude to the members of the medical staff and other office-bearers, the lady superintendent and nurses, the ladies who have given their services in connection with the Samaritan work, and the lady collectors. They desire also to thank the clergymen whose services have been kindly given to the Hospital.

In name of the Committee of Management,

A. CHRISTISON,
President.

MEDICAL STATISTICS.

HOSPITAL—INDOOR PATIENTS.

From date of opening in autumn 1894 till 31st March 1903, 782 patients have been under treatment in the Hospital.

In addition to these 782 resident patients, 69 patients have been allowed to spend the whole day at the Hospital, enjoying the régime and treatment, going home at night, making a total of—

Indoor (Resident) Patients	782
Visitant Patients,	69
	<hr/>
	851

TABLE I.—SHOWING OCCUPATIONS OF PATIENTS.

Architect's Draughtsmen	3	Engravers	1
Asylum Attendants	1	Envelope Folders	4
Bakers	7	Factory Hands	12
Barbers	2	Feather Curlers	1
Black Borderers	1	Fishermen	6
Blacksmiths	10	Footmen	1
Boiler Firemen	1	French Polishers	2
Boilermakers	1	Gamekeepers	2
Bookbinders	2	Gardeners	8
Bookfolders	7	Glassworkers	6
Booksellers	2	Golf-club Makers	1
Brassfounders	4	Golfers (Professional)	3
Brick Kiln Setters	1	Governesses	3
Builders	1	Grocers	4
Butchers	2	Grooms	4
Butlers	4	Gunsmiths	1
Cabinetmakers	2	Housekeepers	6
Cabmen	1	Housewives	87
Canvas Embossers	1	Index-cutters	1
Canvassers	1	Ironfounders	5
Carriers	1	Ironmongers	7
Chemists	2	Ironmoulders	1
Claypipe Makers	2	Janitors	1
Clerks	49	Joiners	25
Commercial Travellers	11	Journalists	2
Coopers	4	Labourers	18
Crofters	1	Lady's Companions	3
Dairymaids	2	Laundresses	3
Dairymen	3	Librarians	1
Domestic Servants	56	Litho Artists	2
Drapers	4	Machinists	10
Dressmakers	29	Maltmen	1
Dyeworkers	3	Marine Firemen	1
Electricians	2	Masons	20
Electrotype Finishers	2	Medical Practitioners	1
Engineers	9	Messengers	9

TABLE I.—*continued.*

Milliners	1	Shepherds	2
Millworkers	16	Shirtmakers	2
Miners	4	Shoemakers	3
Nondescript	41	Shopgirls	15
Nursemaids	11	Shopkeepers	4
Nurses	6	Soldiers	4
Painters	10	Stablemen	1
Paper Bagmakers	2	Stationers	1
Paper Workers	5	Steelworkers	3
Photographers	1	Stonecutters	3
Piano Tuners	1	Students	3
Pitmen	1	Surveyors	1
Plasterers	2	Tailors	23
Ploughmen	4	Teachers	8
Plumbers	13	Tinsmiths	2
Policemen	3	Telegraph Boys	1
Porters	5	Tobacconists	1
Postmen	2	Tram Conductors	3
Pressers	2	Typists	3
Printers and Compositors	31	Upholsterers	7
Publicans	2	Valets	2
Pursemakers	1	Van Builders	1
Quarrymen	1	Vanmen	3
Railway Workers	8	Waiters	3
Relief Stampers	1	Waitresses	3
Reservists	1	Wardmaids	1
Road Superintendents	1	Warehousemen	3
Rubber Workers	6	Warehousewomen	3
Salesmen	6	Watchmakers	3
Saleswomen	7	Weavers	2
School Children	32	Wood Carvers	5
Schoolmasters	4	Woolsorters	3
Seamen	7		
Seedsmen	1		
			851

TABLE II.—SHOWING AGES OF PATIENTS.

Under 11	14
From 11-20	248
" 21-30	374
" 31-40	138
" 41-50	69
Over 50	8

851

TABLE III.—SHOWING SEX OF PATIENTS.

Males	469
Females	382

851

TABLE IV.—SHOWING RESIDENCE OF PATIENTS.

Edinburgh	441
Vicinity of Edinburgh	93
Country—	
Aberdeenshire	8
Argyllshire	3
Ayrshire	5
Banffshire	2
Berwickshire	15

TABLE IV.—*continued.*

British Guiana	1
Caithness-shire	2
Clackmannanshire	3
Cumberland	1
Dumbartonshire	6
Dumfriesshire	1
Elginshire	2
Fifeshire	41
Forfarshire	28
Haddingtonshire	20
Harris	1
Italy	1
Inverness-shire	4
Ireland	1
Kincardineshire	2
Kinross-shire	2
Lanarkshire	43
Lewis	1
Linlithgowshire	13
London	1
Midlothian	18
Northumberland	1
Orkney	3
Peebles	1
Perthshire	18
Renfrewshire	5
Ross-shire	2
Roxburghshire	6
Selkirkshire	23
Shetland	8
Stirlingshire	18
Sutherlandshire	4
Switzerland	2
Yorkshire	1

— 317

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OUT-PATIENT DEPARTMENT.

Up to 31st March 1903, 12,101 *individual cases* received treatment at the Out-Patient Department.

TABLE I.—SHOWING ATTENDANCES FROM 31ST MARCH 1902
TILL 31ST MARCH 1903.

	At Institution.	At their own Homes.	TOTAL.
April	1,074	55	1,129
May	1,096	63	1,159
June	902	55	957
July	941	68	1,009
August	948	66	1,014
September	1,064	45	1,109
October	1,125	70	1,195
November	1,163	97	1,260
December	1,078	106	1,184
January	1,066	137	1,203
February	1,197	143	1,340
March	1,224	154	1,378
	12,878	1059	13,937

TABLE II.—SHOWING DISEASES FROM WHICH PATIENTS SUFFERED.

Pulmonary Tuberculosis	8244	Injury to Chest, and Hernia	
Bronchitis	1209	of Lungs	11
Emphysema, with Bronchitis,		Croupous Pneumonia	10
Asthma, etc.	507	Pleura, Affections of	236
Œdema of Lungs, with or		Larynx, Affections of	183
without Bronchitis, Weak		Affections of related Organs,	
Heart, etc.	299	etc.	1383
Capillary Bronchitis	19		
			<hr/>
			12,101

TABLE III.—SHOWING OCCUPATIONS OF PATIENTS.

Artists	13	Leather Workers	14
Athletes	2	Librarians	2
Bakers	126	Lithographers	24
Blacksmiths	88	Lorrymen and Carters	130
Bookbinders and Folders	180	Maltmen	32
Brassfinishers	78	Masons	496
Butchers	44	Millworkers	255
Cabmen and Grooms	116	Musicians	18
Carpenters, Joiners, and		Nondescript	695
Woodworkers	417	Paper Bag Makers, etc.	36
Charwomen	114	Paper Cutters	45
Chemists	20	Painters	121
Children (below fifteen)	1270	Plasterers	37
Chimney Sweeps	5	Plumbers	71
Clerks and Warehousemen	386	Policemen and Watchmen	25
Coal Miners and Workers	105	Porters	115
Comb and Brush Makers	20	Postmen, Lamplighters, etc.	31
Confectioners	11	Printers, Compositors, etc.	311
Corkcutters	15	Railway Servants	30
Dairymen	6	Riggers	4
Domestic Servants	468	Rubber Workers	209
Engineers and Enginemen	182	Salesmen	183
Farm Servants	21	Saleswomen	188
Firemen	32	Scavengers	8
Fishermen and Sailors	51	Sealing-wax Makers	1
Fishwomen	40	Seamstresses and Dressmakers	264
Fitters and Riveters	47	Shoemakers	113
Gardeners and Farmers	54	Sick Nurses	41
Gatekeepers and Messengers	68	Slaters	32
Glasscutters and Grinders	30	Soldiers	31
Glaziers and Gilders	23	Spinners	10
Golf-club Makers	1	Stokers	10
Grocers	75	Students	13
Guards	26	Tailors and Hatters	259
Gunmakers	11	Tanners and Curriers	25
Hairdressers	45	Teachers	57
Hawkers	85	Tinworkers	51
Housewives	2458	Upholsterers	31
Insurance Agents and Com-		Vulcanite Workers	3
mmercial Travellers	126	Waiters	105
Ironmoulders and Typefounders	121	Weavers	37
Jewellers and Watchmakers	42	Wireworkers	24
Labourers	809		
Laundresses	83		
			<hr/>
			12,101

TABLE IV.—SHOWING AGES OF PATIENTS.

From 1-10	851
„ 11-20	2,492
„ 21-30	3,479
„ 31-40	2,468
„ 41-50	1,542
„ 51-60	786
Above 60	483

12,101

TABLE V.—SHOWING SEX OF PATIENTS.

Males	6,626
Females	5,475

12,101

TABLE VI.—SHOWING RESIDENCE OF PATIENTS.

Edinburgh	9,388
Portobello and Joppa	116
Leith, Newhaven, and Trinity	1,327
Country	1,270

12,101

TABLE VII.—SHOWING DISTRICTS FROM WHICH PATIENTS HAVE BEEN RECEIVED, OTHER THAN EDINBURGH, LEITH, AND IMMEDIATE VICINITY.

Aberdeen	4	Buckhaven	1
Aberdour	6	Burntisland	7
Abernethy	2	Caithness	2
Addiewell	1	Carlisle	3
Alexandria	1	Carstairs	1
Alloa	7	Cleland	1
Alnwick	1	Coatbridge	3
Alyth	1	Cockenzie	82
Alva	12	Colinton	7
Airdrie	2	Corstorphine	14
Annan	1	Cowdenbeath	4
Anstruther	1	Chirnside	2
Arbroath	2	Cramond	3
Argyllshire	2	Crieff	3
Armadale	5	Cumberland	1
Auchendinny	4	Currie	6
Ayr	1	Dalhousie	1
Ayton	1	Dalkeith	23
Bathgate	16	Dalmeny	1
Beattock	1	Davidson's Mains	9
Belfast	1	Denholm	1
Berwick-on-Tweed	5	Denny	2
Biggar	1	Doune	1
Blantyre	3	Duddingston	7
Blackhall	11	Dumbarton	1
Blair Atholl	1	Dumfries	4
Bo'ness	7	Dunbar	8
Bonnyrigg	23	Dunblane	2
Bonar Bridge	1	Dundee	16
Blairgowrie	2	Dundonald	1
Bowbridge	1	Dunfermline	30
Broomieknowe	1	Duns	4
Broxburn	45	Dysart	2

TABLE VII.—*continued.*

East Calder	6	Macmerry	3
Earlston	4	Manchester	1
Elgin	3	Manuel	1
Elphinston	1	Markinch	2
England	17	Maybole	1
Eyemouth	1	Melrose	4
Falkirk	32	Midcalder	14
Fauldhouse	4	Milton Bridge	1
Fife	15	Moffat	1
Ford	2	Montrose	3
Forres	1	Motherwell	2
Galashiels	27	Musselburgh and Fisherrow	110
Garvald	2	Newton Grange	1
Gilmerton	1	Niddrie	1
Glasgow	102	North Berwick	4
Gordon	1	Orkney and Shetland	29
Gorebridge	6	Paisley	2
Govan	2	Peebles	16
Grangemouth	11	Pencaitland	13
Granton	4	Penicuik	28
Greenock	1	Perth	11
Haddington	10	Pitlochry	1
Hamilton	5	Polmont	4
Hawick	4	Polton	3
Helmsdale	1	Prestonpans	22
Innerleithen	7	Queensferry, N. and S.	15
Inverkeithing	4	Reston	1
Inverness	6	Rosewell	2
Ireland	2	Roslin	4
Island of Eigg	1	Ross-shire	1
Jedburgh	1	Rothsay	1
Johnstone	4	St. Andrews	2
Juniper Green	5	St. Boswells	2
Kelso	2	Selkirk	9
Kinghorn	1	Shotts	3
Kingsknowe	1	Slateford	12
Kirkcaldy	43	South Shields	2
Kirkcudbright	1	Stenton	1
Kirkintilloch	1	Stirling	10
Kirkliston	1	Stobo	1
Kirknewton	1	Stonehaven	1
Ladybank	1	Stow	3
Lanark	4	Sutherlandshire	2
Langsidehouse	1	Tain	1
Lasswade	1	Tillicoultry	2
Lauder	1	Tranent	61
Leadburn	1	Tynecastle	1
Leslie	1	Uphall	8
Leven	2	Wales	1
Liberton	12	Walkerburn	3
Linlithgow	6	Wemyss	4
Liverpool	2	West Calder	4
Livingston	1	Whitburn	1
Loanhead	16	Winchburgh	2
Lochgelly	2	Wishaw	1
Lochwinnoch	1	Australia	1
Lockerbie	2		
London	4		
Longniddry	2		

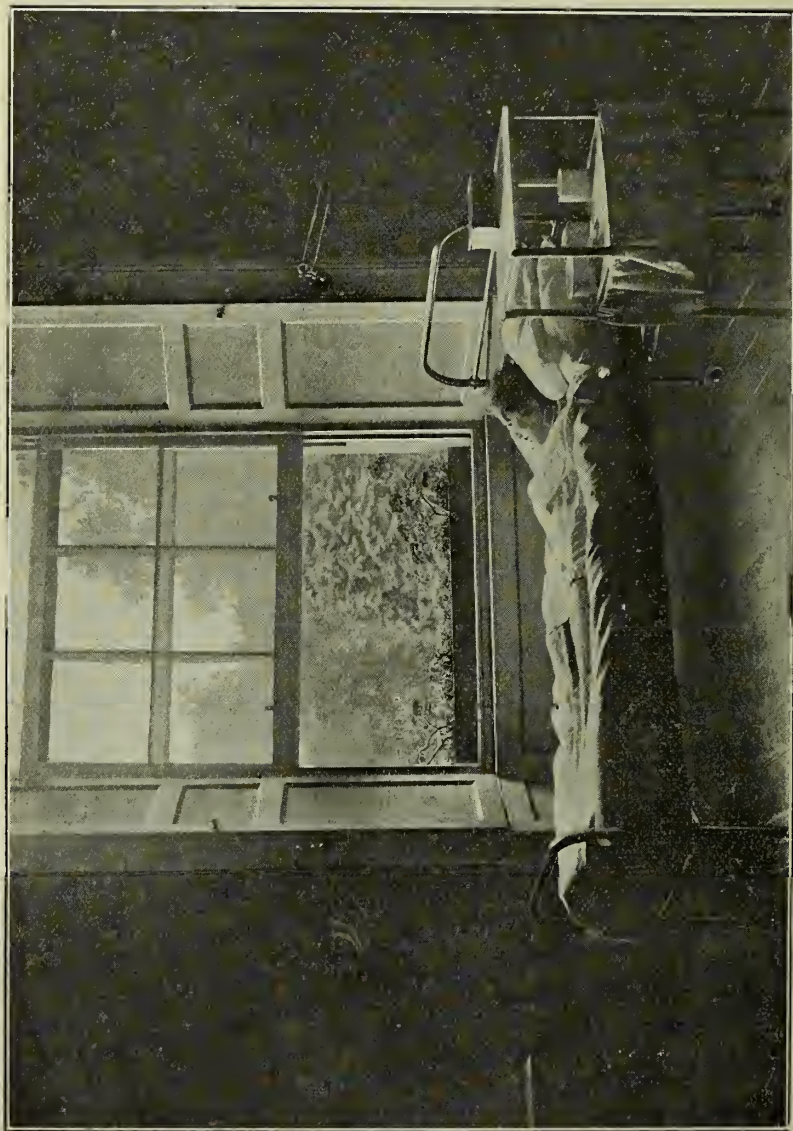
ILLUSTRATIVE CASES.

T. R., a chemist's assistant, age twenty-three, admitted into Hospital, July 1895, suffering from consumption both of chest and throat, his voice gone, and his condition such as to utterly incapacitate him for work. He did well while in Hospital, regained his voice, and put on flesh. After leaving he continued to live on the lines he had been taught, with the result that he is now in perfect health, following his occupation in a town in the north.

W. K., plumber's apprentice, age seventeen, admitted into Hospital, August 1895, with both lungs affected. He made a most satisfactory recovery, and on leaving Hospital, acting on the advice given him, went for a trip to the Mediterranean. The sea suited him so well that he gave up his old occupation, and is now employed as a steward.

E. G., electrical mechanic, age twenty-one, admitted November 1895. The condition of this patient's lungs was so bad that there seemed little hope of his life being spared. He improved, however, and after being kept under observation for a long time, and carrying on the treatment, he was able to return to work about a year ago, and is now keeping very well.

W. N., teacher, age nineteen, admitted May 1896. Had been obliged to give up his work owing to consumption, with bleeding from the lungs. He improved immensely during residence in Hospital, gaining strength and weight. The improvement has been steadily maintained, and he is now at his old work, looking perfectly strong and fit.



WARD IN SANATORIUM—CONTINUOUS OPEN WINDOW.

OUT-PATIENT DEPARTMENT.

THE following cases, taken at random from the note-book of the Assistant Medical Officer, serve to illustrate the nature of this department of the work:—

Case of A. B.—Girl, seventeen years of age, with tuberculous disease of both lungs rapidly advancing. I found this patient lying in the corner of a large room, two stories below the street level, dark, damp, ill-ventilated, the only window looking out on a small patch of dirty grass at the same level as the floor of the dwelling-house. At the opposite corner of the room was another bed in which her father, uncle, and little brother slept, her mother and some other members of the family having already died of phthisis. She lay on a dirty bed,—expectorating into scraps of linen which were thrown carelessly about the room,—not properly fed, clothed, or nursed. With such surroundings the poor child had to lie for weeks, racked by pain and constant coughing, gasping for breath, in a high fever, suffering greatly from thirst, till death relieved her from her suffering. Her friends, though doing everything in their power, had neither the means nor the knowledge required to nurse her properly.

SAMARITAN WORK.

This graphic narrative, reported by one of the lady visitors, tells its own terribly sad tale:—

Case of A. G.—Married man, with young wife and two children. Unable to work for nine months; in the last stage of consumption. Wife working one day in the week; her confinement near, and unable to do much. In this state the household had just flitted to another house. A. G. quite exhausted with removal and unable to rise, suffering terribly from coughing, exhaustion, and expectoration. Wife obliged to put him on “shake-down” three days after removal, and infant born that evening in bed where husband had been. Thirty-six hours after, wife had to rise to let A. G. be put into the bed again, where he died twelve hours later in great suffering. Wife, new-born infant, and the two others, had to sleep on “shake-down” for three days, until the “parish” came to bury the husband and father! Is it to be wondered that consumption spreads?

ABSTRACT OF THE CLERK AND TREASURER'S ACCOUNTS, from 31st March 1902 to 31st March 1903.

I.—ORDINARY INCOME AND EXPENDITURE ACCOUNT.

INCOME.

I. Revenue received—				
1.	Subscriptions and Donations—			
(1)	Per Treasurer, as on p. 33	£84	15	3
(2)	Per Lady Collectors in Edinburgh and Leith, as on p. 45	1,706	18	3
(3)	Per Public Works, as on p. 46	124	6	5
		218	11	7
(4)	Per Lady Collectors in Country Districts, as on p. 70	280	9	4
(5)	Per Sunday Schools, as on p. 70	134	18	6
(6)	Per Collecting Boxes, as on p. 70	239	7	4
		62	13	8
2.	Dividends and Interest received	£3,086	8	1
3.	Miscellaneous			
EXCESS OF ORDINARY EXPENDITURE OVER INCOME, CARRIED TO EXTRAORDINARY ACCOUNT.				
		1,093	18	10
		£2,920	15	3
		174	14	7
		31	19	10
		£4,221	8	6

Rules for Consumptive Patients and Those Looking after Them.

(As issued to Out-Patients at the Victoria Hospital.)

Consumption is a communicable disease. It may pass from person to person. It may pass from one lung to the other, or from one organ to another.

The chief source of infection is the expectoration of the consumptive. The great danger lies in the drying of the expectoration, and the blowing about of the dried infectious material.

The spread of consumption can be largely prevented. If the succeeding directions be obeyed, there need be no serious danger in ordinary intercourse with patients. The breath of the consumptive is not directly infectious.

The patient should expectorate into a jar or cup containing a tablespoonful of carbolic acid (1 to 20) or other disinfectant.

The vessel should be changed once in twelve hours, or oftener. It should be cleansed by being filled up with *boiling* water. The combined contents should be poured down the w.c. The vessel should then be washed with *boiling* water.

When the patient is out of doors, he should carry a pocket spitting flask (such as Dettweiler's, or the Victoria Hospital simpler model). The flask should be used and cleansed like the jar. The patient should never spit on the streets.

The patient should not use handkerchiefs for expectoration. If this ever has to be done, the handkerchief should be of an inexpensive material, that it may be burned after use. Squares of rag or paper, which may be used for convenience, should be similarly treated.

The expectoration should on no account be swallowed, for thereby the disease may pass to other organs.

Consumptive patients should avoid kissing.

Consumptive mothers should not suckle.

If expectoration has been accidentally deposited on the floor or other object, it should be wiped up and burned, and the surface of the object cleansed with strong antiseptic.

Rooms which have been long occupied by a consumptive patient should, before occupation by someone else, be carefully disinfected, as after other infectious disease.

FRESH AIR is the food of the lungs. Therefore, see that the lungs be not starved.

A.—By Day.—The patient should occupy as airy a room as possible. It must be scrupulously dry, and preferably removed from the ground. The window should be *freely* open. When able, the patient should be out of doors once or several times during the day. He must avoid over-effort, and damp, or chill, which would counteract the benefit.

B.—By Night.—He should sleep alone. The bedroom should be large and airy. The window should be kept open, less or more according to the season.

Copies of these, on card, can be had for distribution, price 2s. 6d per 100, on application to the Physician, Victoria Hospital for Consumption, Craigleith, Edinburgh.

Regulations for the Admission of Patients.

1. The Victoria Hospital is founded for the treatment of patients suffering from Consumption and allied Diseases of the Chest, who are in necessitous circumstances.

2. No patient whose household is in receipt of Parish Assistance shall be considered eligible for admission.

3. Patients will be admitted to indoor treatment only if the Physician is satisfied that the case may reasonably be expected to benefit thereby.

4. Subject to the above restrictions, patients will be received in order of application, according as vacancies may occur.

5. All applications for admission must be made directly to the Physician, Out-Patient Department, 26 Lauriston Place.

6. The length of residence in hospital will depend on the nature of the case. With regard to this the Physician shall be the sole judge.

7. No case shall be admitted twice in one year, save in quite exceptional circumstances.

8. In entering the Hospital, patients agree to conform rigidly to the Rules of the Institution. No patient shall be readmitted if he has once been discharged for breach of Rules.

OUT-PATIENT DEPARTMENT,

26 LAURISTON PLACE.

The Out-Patient Department is open for consultation to all necessitous patients suffering from Consumption or Diseases of the Chest.

Medicines are dispensed *gratis* only to such patients as the Physician ascertains to be in need of such further assistance. A formal charge of One Penny will be made for each prescription so dispensed.

Patients shall not receive advice or medicines unless they attend punctually at the appointed hours, which are indicated on the Prescription Form.

The above Regulations are subject to alteration by the Acting Committee.

THE OUT-PATIENT DEPARTMENT, 26 LAURISTON PLACE, is open for the Reception of Patients on MONDAYS, WEDNESDAYS, and FRIDAYS, from 3 to 4 p.m.; and for the Dispensing of Medicines Daily (except Sunday), from 10 to 10.30 a.m., and on Mondays, Wednesdays, and Fridays, from 6 to 6.30 p.m.

About 60,000 Persons die annually of Consumption in the
United Kingdom.

THE VICTORIA HOSPITAL

FOR

CONSUMPTION

CRAIGLEITH, EDINBURGH



FOURTEENTH ANNUAL REPORT

(1903-1904)

Patron—HIS MAJESTY KING EDWARD

Out-Patient Department—
26 LAURISTON PLACE, EDINBURGH

The Victoria Hospital for Consumption was established in
1887 as a Memorial of Queen Victoria's Jubilee

In Memoriam Wards and Beds.

THE Trustees will be pleased to gratify the wish of any Donors who may desire to endow and name a Ward or single bed in the Victoria Hospital. They purpose, therefore, to affix to beds in perpetuity the name of any benefactor of the Hospital to the extent of £1000 by donation or legacy, who so desires it, and to Wards in recognition of larger donations.

Lord Derby, when presiding at the opening of the New Extension Building to Brompton Hospital for Consumption, alluding in his speech to Memorial Wards and Beds, said—"One cannot dictate the form which affection and regret shall take to display themselves; every one must make their own choice; but for myself I cannot conceive a more satisfactory method of keeping alive the memory of a lost relative or friend, than by attaching his or her name permanently and inseparably to an institution which is intended to relieve suffering, and which for many generations to come may be a benefit to the living as well as a remembrance of the dead."

FORM OF LEGACY OR BEQUEST.

I give and bequeath to the VICTORIA HOSPITAL FOR CONSUMPTION, CRAIGLEITH, EDINBURGH, payable to the Treasurer of the Institution for the time being, the sum of
free of legacy duty.

As the Report is in publication, the Committee have received the gratifying announcement that

HIS MAJESTY KING EDWARD

has graciously intimated his purpose to become Patron of the Hospital.

OF THE

VICTORIA HOSPITAL

FOR

CONSUMPTION

CRAIGLEITH, EDINBURGH

Patron—HIS MAJESTY THE KING.

Patrons and Patronesses.

THE EARL OF ABERDEEN.

THE LADY SUSAN GRANT SUTTIE.

THE LADY MARY HOPE.

RIGHT HON. LORD KINNENEAR.

HON. LORD KYLLACHY.

Out-Patient Department—

26 LAURISTON PLACE, EDINBURGH

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RIGHT HON. LORD KINNEAR.

HON. LORD KYLLACHY.

Out-Patient Department—

26 LAURISTON PLACE, EDINBURGH

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Vice-President.

SIR ALEXANDER KINLOCH, BART.

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Research Scholar.

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Lady Superintendent.

Miss GUY.

Auditor.

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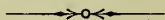
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APPEAL.

THE treatment of consumption has come to the front as never before. Nor can it be said to have come a moment too soon. It is well that we realise what consumption means to us nationally.

In successive Reports it has been shown how appalling is the mortality and distress caused by the disease. In Scotland some 7000 persons die every



COVERED SHELTER—PATIENTS AT REST.

year of consumption. In the City of Edinburgh the annual mortality numbers about 500, and in the various large towns of Scotland the number is correspondingly great. Nor is it confined to our crowded centres. Consumption occurs with remarkable uniformity throughout the country. In the United Kingdom the number of deaths from the disease registers 60,000.

Unhappily, the mortality column is far from exhausting the extent of our national bill. Were we to multiply the figures already quoted by ten we should record inadequately the number of persons at present suffering from the disease. It is especially sad to recognise how frequently the strongest and fairest of lives are disturbed by its attack. Hundreds and thousands of the best of the race are crippled at a time when the outlook is brightest and fullest of hope. Nor is the damage restricted to the individual directly affected by the disease. In a vast proportion of cases the whole household suffers because of the illness of its chief support.

Public Opinion Awakened.—It is a gratifying aspect of the times to recognise how widely public opinion has been awakened on the question. The renewal of interest is not confined to doctors. Our citizens have been touched powerfully. It is high time to make a combined effort against this scourge of humanity.

Consumption Preventible.—It should be realised that enormous strides have been made in the prevention of consumption. Within the past fifty years the mortality from the disease in Great Britain has been reduced some fifty per cent. In Edinburgh the mortality from consumption has fallen considerably during the past ten years, and in greater proportion than the mortality from fevers. In New York City during eleven years (from 1886 to 1897), when more active measures were taken in relation to the disease, the death-rate fell about thirty-five per cent.

These brief statistics are pregnant with hope for the future. It may reasonably be anticipated that with the more general adoption of hygienic measures, and more



Marshall Wane & Co., Photographers.

GENERAL VIEW OF THE THREE NEW PAVILIONS: FRONT ELEVATION.

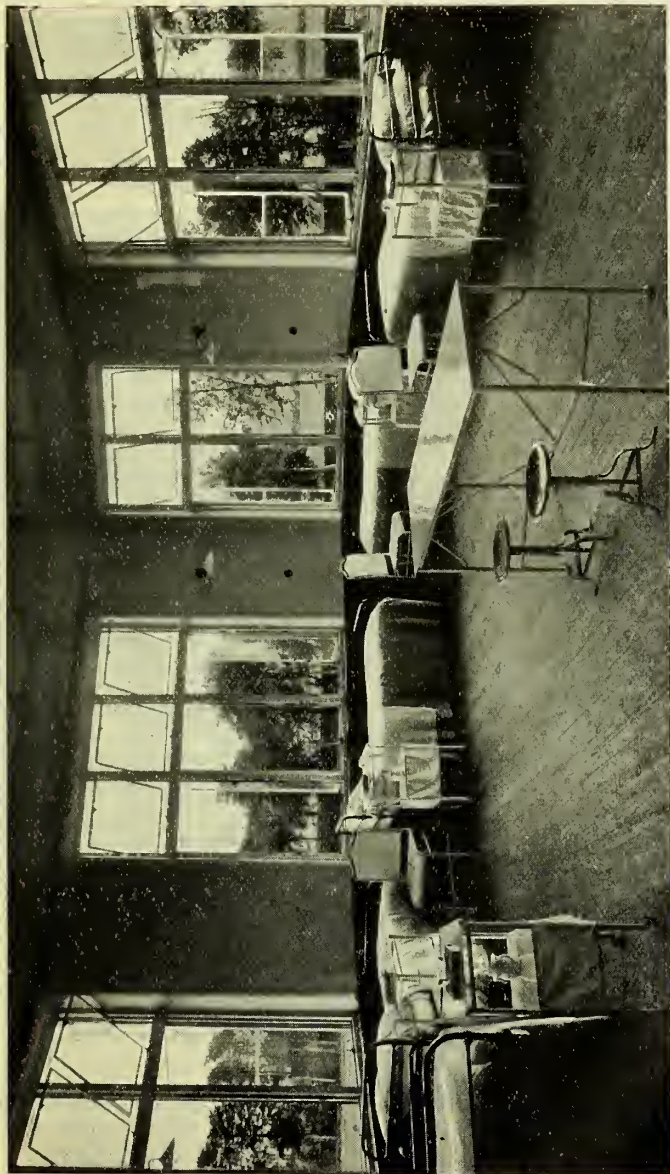
especially with the recognition that fresh air, light, and cleanliness are the great preventives, consumption will gradually disappear from our midst.

Consumption Curable.—Meantime it is no exaggeration to say that hundreds of lives are yearly sacrificed which might readily be saved. Thousands of persons are allowed to sink slowly into a state of physical and financial bankruptcy because the avenues towards cure are so few.

This is the more deplorable in view of the evidence from countless sides that consumption is highly amenable to treatment, if right measures be undertaken sufficiently early. The Victoria Hospital for Consumption can point to many cases of perfect cure which have stood the test of several years' trial. Similar records are forthcoming from other sanatoria in all parts of the world. The significance of the open-air system of treatment of consumption has now been completely established.

Unassailable as are the facts, the practicable outcome has been disappointingly small. Cities and towns throughout the country have considered the question, and many schemes have been proposed, but the actual provision afforded is comparatively slight.

First Hospital in Scotland.—The Victoria Hospital, which was the first hospital in Scotland devoted exclusively to the treatment of consumption, has engaged successfully in the work on open-air lines for ten years. The Hospital has been from the commencement a *national institution*. Patients are received, in order of application, from every part of Scotland, and many have come from other portions of the United Kingdom. (See Medical Statistics, page 22.) The Hospital has been much visited by medical and lay deputations from many towns of Scotland and England, and its methods have been



Marshall Wane & Co., Photographers

INTERIOR OF NEW PAVILION, SHOWING ARRANGEMENT OF BEDS IN RELATION TO OPEN WINDOWS

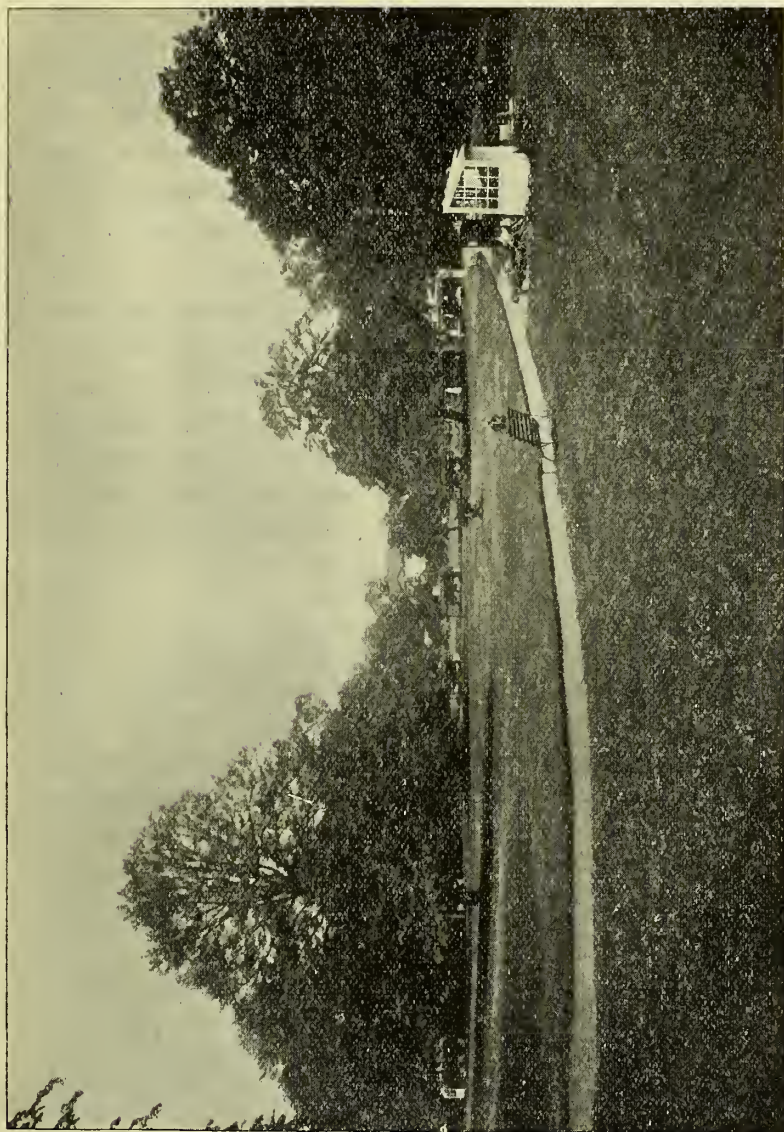
adopted in relation to other institutions of the kind throughout the kingdom.

The Victoria Hospital occupies a most beautiful site within two miles of Edinburgh. The finely wooded park has been much admired, and the suitability of the site has been convincingly attested by the remarkable results



attained. The beautiful park, which slopes pleasantly towards the south, has been provided with all facilities for treatment, in the shape of shelters and screens and graduated walks.

Accommodation too Limited.—But the present accommodation is still too small. Fifty beds are available at the present time, *but any moment the Hospital might be filled several times over with deserving cases.*



VICTORIA HOSPITAL—GENERAL VIEW OF THE GROUNDS.

Waiting List.—There is a long, sad wail from a waiting list of some one hundred patients, to whom admission can only be promised in turn. The applicants must wait several months till their turn comes round. Nor is it a matter of delay alone. Each week of such delay means the risk of grave aggravation of the disease. Again and again the terrible tale repeats itself, that *patients have died while waiting for admission.*

Immediate Extension Possible.—The plan of the Hospital has been so arranged that further additions can be effected without delay. The grounds permit of such extension on a simple scheme. (See Block Plan of Extension.) Thus the first annexe made to the Hospital, with provision for eight patients, was built and furnished, within three months' time, for less than £800. During 1903, three additional pavilions, on perfected plan, have been opened. Thus the Hospital is being gradually constructed on sound lines.

Further Extension only a Question of Money.—£1000 will provide additional accommodation for eight or ten patients. £80 will provide for the residence and treatment of four patients during three months each. The greatest present want is a central administrative block, with quarters for the staff, and a general kitchen and patients' dining-room. The growth of the Hospital has rendered the earlier accommodation quite inadequate. For this a sum of £10,000 is needed.

Impressed by the facts and encouraged by the results they have seen, the Committee feel they cannot plead too earnestly for further means to extend the benefits of the Hospital in more adequate proportion.

In name of the Committee,

A. CHRISTISON,
President.

THE FOURTEENTH ANNUAL REPORT

OF THE

COMMITTEE OF MANAGEMENT

OF THE

Victoria Hospital for Consumption, Craigleith, Edinburgh,

For the year ending 31st March 1904.

THE year which has closed has been of signal importance to the Victoria Hospital. The Committee have the great satisfaction to report the completion and inauguration of the three new pavilions which were promised in last year's Report. In all departments of the work there has been continued, steady progress, and the year's record is highly gratifying.

THE HOSPITAL OR SANATORIUM.

Since the opening of the Hospital till the 31st March 1904, 885 individual patients have been received for indoor treatment in the Hospital. In addition, it has been found convenient to allow many "visitant" patients to attend. Altogether, 96 such "visitants" have been received. These patients spend their entire day in the Hospital, enjoying the same régime as indoor patients, and return home for the night. As pointed out in previous Reports, this arrangement, while less satisfactory than actual residence, has increased the usefulness of the Hospital immediately, and tended to reduce the pressure on the waiting list. From

fifteen to twenty "visitants" attend daily, adding thereby about twenty-five per cent. to the number of patients under treatment. This means a corresponding addition to the outlay of the Hospital, which must be borne in mind in calculating the expenditure per bed.

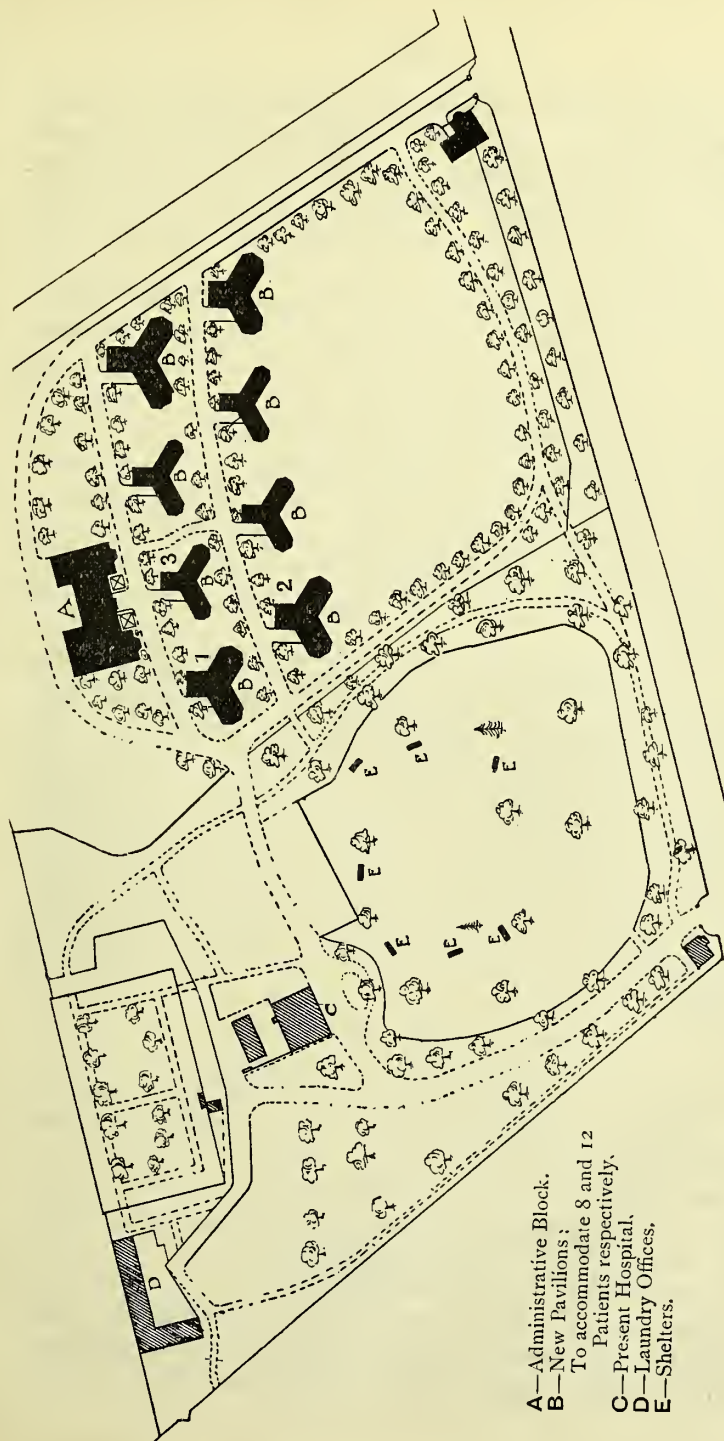
EXTENSION OF HOSPITAL.

Three new pavilions were inaugurated, on 18th July 1903, by the Right Hon. the Earl of Rosebery, K.G., K.T. The occasion was historical, as the three pavilions constitute a most important enlargement of the residential part of the Hospital, and are the first attempt to realise in more permanent form the principles of treatment by hyperæration and sunlight, which, by its practice, the Hospital has done much to inculcate. For the thoughtful care bestowed on the design, and the skilful realisation of the medical requirements, the Committee express their thanks to the architects, Messrs. Sydney Mitchell & Wilson

The assemblage at the opening ceremony was—bad weather notwithstanding—large and influential.

The Committee record their deep indebtedness to the Earl of Rosebery for his presence and eloquent appeal on behalf of the Hospital. They record with pleasure their gratitude to the Right Hon. The Lord Provost of Edinburgh (Sir James Steel, Bart.) for his occupancy of the Chair. They take this opportunity also to tender their best thanks to the Presidents of the Royal College of Physicians of Edinburgh, and the Royal College of Surgeons of Edinburgh, and the other distinguished persons who contributed to the success of the opening ceremony. Lastly, they would repeat their cordial thanks to Mr. William Younger, M.P., of Auchen Castle, for his generous contribution of £1000 towards the building of one of the pavilions, to be henceforth known as the "Younger Pavilion."

The buildings, which have been in constant use since last summer, have proved themselves not only beautiful, but most serviceable for treatment. They have been much visited by medical and lay authorities from different countries, and the Committee have time after time had conveyed to them unqualified praise of the buildings.



BLOCK PLAN OF EXTENSION OF VICTORIA HOSPITAL.

- A—Administrative Block.
- B—New Pavilions;
To accommodate 8 and 12
Patients respectively.
- C—Present Hospital.
- D—Laundry Offices,
- E—Shelters.

The Committee feel that by the erection of these pavilions a great step forward has been taken. Delay in the admission of patients has been considerably reduced. Still the waiting period remains much too long, and, it is feared, must remain so until the number of beds reaches at least 100.

The welcome addition to the accommodation for patients has overtaxed the resources of the Hospital in two directions. The cost of maintenance has entailed a great increase in the annual expenditure, which now much exceeds the annual income. Further, the total number of patients is quite disproportionate to the possibilities of the central offices of the Hospital, so that the administrative part of the work is now carried on under great difficulties. The accommodation for the staff, and the cooking and dining arrangements for the Hospital generally, are quite insufficient.

The Committee feel that a big effort will be necessary during the coming year to raise a sum adequate for the building of a central administrative block (*vide* Block Plan), which would include quarters for the staff and a general kitchen and dining-room for the patients. The present temporary dining-room, used when the patients do not take their meals *al fresco*, compares badly with the other provision of the Hospital. The Committee believe that a central block, which would meet the requirements of the Hospital for many years to come, might be erected for £10,000.

SELECTION OF CASES.

One of the chief difficulties in connection with the work of the Hospital results from the tendency which still continues to seek admission for patients in far advanced stages of the disease, for whom little, if anything, can be effected by hospital treatment. Nothing contributes so much to the probability of successful treatment as *early* diagnosis of the disease. On this account, the Committee feel it increasingly to be their duty to give preference to applicants in whom the disease is not too advanced. This is all the

more essential, as even in suitable cases, it has been found necessary, with a view to ensuring permanent results, to lengthen considerably the limit of residence. During the past year, most of the patients have been resident for many months. Thereby the results have undoubtedly been rendered more satisfactory and lasting, even if the total number of patients under treatment may have been consequently lessened.

RESULTS OF TREATMENT.

The Committee have again to record that, with hardly an exception, the patients have benefited greatly. In a large proportion the disease has been completely arrested and the patients have returned to regular employment, reporting themselves from time to time either directly or through their doctor. In a good many cases, the patients have declared themselves as a long way better than ever in their life, a statement sufficiently borne out by their appearance and the state of their organs. A certain number of the patients, while less completely cured, have been discharged to undertake selected work of less trying character than their previous occupation. As before, a certain number have been retained in the service of the Hospital. At the present time, some seven old patients are thus engaged. In this way they have an opportunity of returning some of the benefit done to them by the Hospital, while at the same time they remain under medical surveillance. This is a valuable development of the scope of the Hospital which is constantly before the staff, and is a step towards the creation of the tuberculous colony, which one of the physicians has long advocated.

DISPENSARY AND OUT-PATIENT DEPARTMENT.

The total number of individual cases since the date of opening has been 13,164. Many of these patients have attended the Institution a large number of times. Some

have attended for many years. A large number have been supervised at their own homes. In addition to their examination by the doctors and the more strictly medical treatment, all the patients are carefully instructed how to treat themselves and how to prevent or lessen the risk of infection to others. They receive disinfectants and sputum bottles, and where the family conditions seem to require it, food stuffs and the like. Their homes are visited both by the medical officer and one of the Victoria Hospital nurses, specially appointed for the purpose. By means of the house-to-house visitation there is being accumulated a systematic record as to the home conditions of the consumptive poor in the city, which promises to prove of great value.

SAMARITAN COMMITTEE.

The Samaritan Committee of Ladies, which acts in concert with the medical officers, has continued to do excellent work, more particularly among patients who have become impoverished by the disease. This invaluable division of the work has been greatly assisted by the services of the trained nurse. The operations are regulated at fortnightly meetings, when fresh cases are reported by the medical officer, and the requisite help is determined.

REVENUE.

The excess of Ordinary Expenditure over Total Income for the year to 31st March 1904 was £1749, 7s. 11d.

The Committee regret to note that the excess of expenditure still tends to increase. This can only be satisfactorily prevented by a considerable addition to the annual subscriptions and the number of annual subscribers. They would accordingly appeal most earnestly for increased support from their fellow-citizens and countrymen. They would renew the expression of their fervent hope that some wealthy man, realising the needs of the consumptive poor, would undertake the adequate extension and endowment of the Institution.

In conclusion, the Committee desire to thank the many friends who have already taken part in the work by sub-

scription or donation. They have to thank very specially certain of the larger contributors to the Extension Fund, which was commenced at the inauguration of the new pavilions, and which amounted to £3995, 7s. Acknowledgment of the various donations and subscriptions will be found on pp. 38-85 of the Report. Valuable service has been rendered throughout Scotland by means of the Local Auxiliaries for the collection of subscriptions. The Committee beg to thank the ladies and gentlemen forming the auxiliaries for their generous labours in helping to extend the usefulness of this *National Institution*. They have also to record their gratitude to the members of the medical staff and other office-bearers, the lady superintendent and nurses, the ladies who have given their services in connection with the Samaritan work, and the lady collectors. They desire also to thank the clergymen whose services have been kindly given to the Hospital.

They recall with sorrow the loss which the Hospital has sustained by the death of several kind friends, more particularly Mrs. JAMES MACKENZIE, who for a number of years past has provided a Christmas dinner for the indoor patients.

In name of the Committee of Management,

A. CHRISTISON,
President.

MEDICAL STATISTICS.

HOSPITAL—INDOOR PATIENTS.

From date of opening in autumn 1894 till 31st March 1904, 885 patients have been under treatment in the Hospital.

In addition to these 885 resident patients, 96 patients have been allowed to spend the whole day at the Hospital, enjoying the régime and treatment, going home at night, making a total of—

Indoor (Resident) Patients	885
Visitant Patients	96
	<hr/>
	981

TABLE I.—SHOWING OCCUPATIONS OF PATIENTS.

Architect's Draughtsmen	3	Electricians	2
Asylum Attendants	1	Electrotype Finishers	2
Bakers	7	Engineers	14
Barbers	3	Engravers	1
Black Borderers	1	Envelope Folders	4
Blacksmiths	10	Factory Hands	14
Boiler Firemen	1	Feather Curlers	1
Boilermakers	1	Fishermen	7
Bookbinders	3	Footmen	1
Bookfolders	7	French Polishers	2
Booksellers	2	Furniture Packers	1
Brassfounders	4	Gamekeepers	2
Brick Kiln Setters	1	Gardeners	9
Bricklayers	1	Glass Painters	1
Builders	1	Glassworkers	6
Butchers	3	Globe Menders	1
Butlers	4	Golf-club Makers	1
Cabinetmakers	2	Golfers (Professional)	3
Cabmen	1	Governesses	3
Canvas Embossers	1	Grocers	5
Canvassers	2	Grooms	4
Carriers	1	Gunsmiths	1
Chemists	2	Housekeepers	8
Claypipe Makers	2	Housewives	92
Clerks	65	Index-cutters	1
Commercial Travellers	11	Ironfounders	5
Cooks	1	Ironmongers	7
Coopers	4	Ironmoulders	2
Crofters	1	Janitors	1
Dairymaids	2	Joiners	26
Dairymen	3	Journalists	2
Decorative Artists	1	Labourers	20
Domestic Servants	63	Lady's Companions	6
Drapers	4	Laundresses	3
Dressmakers	31	Leadcutters	1
Dyeworkers	3	Librarians	1

TABLE I.—*continued.*

Litho Artists	2	School Children	45
Machinists	11	Schoolmasters	4
Maltmen	1	Seamen	7
Marine Firemen	2	Seedsmen	1
Masons	26	Shepherds	2
Medical Practitioners	1	Ship Draughtsmen	1
Messengers	9	Shirtmakers	2
Milliners	3	Shoemakers	6
Millworkers	16	Shopgirls	16
Miners	4	Shopkeepers	5
Nondescript	45	Soldiers	5
Nursemaids	11	Stablemen	1
Nurses	6	Stationers	1
Painters	12	Steelworkers	3
Paper Bagmakers	2	Stonecutters	3
Paper Workers	5	Students	3
Photographers	2	Surveyors	1
Piano Tuners	1	Tailors	23
Pitmen	1	Teachers	13
Plasterers	2	Telegraphists	1
Plate Cleaners	1	Telegraph Boys	1
Ploughmen	5	Ticket Collectors	1
Plumbers	13	Tinsmiths	2
Policemen	5	Tobacconists	1
Porters	5	Tram Conductors	3
Postmen	3	Typists	3
Postwomen	1	Upholsterers	7
Pressers	2	Valets	2
Printers and Compositors	32	Van Builders	1
Publicans	2	Vanmen	3
Pursemakers	1	Waiters	5
Quarrymen	1	Waitresses	3
Railway Workers	10	Wardmaids	1
Relief Stampers	1	Warehousemen	3
Reservists	1	Warehousewomen	4
Road Superintendents	1	Watchmakers	3
Rubber Workers	6	Weavers	3
Salesmen	10	Wood Carvers	6
Saleswomen	7	Woolsorters	3
Sawyers	1		

981

TABLE II.—SHOWING AGES OF PATIENTS.

Under 11	17
From 11-20	279
„ 21-30	434
„ 31-40	162
„ 41-50	80
Over 50	9

981

TABLE III.—SHOWING SEX OF PATIENTS.

Males	549
Females	432

981

TABLE IV.—SHOWING RESIDENCE OF PATIENTS.

Edinburgh	498
Vicinity of Edinburgh	100
Country—	
Aberdeenshire	12
Argyllshire	3
Ayrshire	6
Banffshire	2
Berwickshire	18
British Guiana	1
Caithness-shire	2
Clackmannanshire	5
Cumberland	2
Dumbartonshire	8
Dumfriesshire	3
Elginshire	5
Fifeshire	49
Forfarshire	28
Haddingtonshire	21
Harris	1
Italy	1
Inverness-shire	4
Ireland	1
Kent	1
Kincardineshire	3
Kinross-shire	2
Lanarkshire	55
Lewis	1
Linlithgowshire	19
London	1
Manchester	2
Midlothian	23
Northumberland	1
Orkney	3
Peebles	1
Perthshire	18
Renfrewshire	7
Ross-shire	4
Roxburghshire	8
Selkirkshire	25
Shetland	8
Stirlingshire	19
Sutherlandshire	4
Switzerland	2
Yorkshire	2
	— 381
	<hr/> 981

OUT-PATIENT DEPARTMENT.

Up to 31st March 1904, 13,164 *individual cases* received treatment at the Out-Patient Department.

TABLE I.—SHOWING ATTENDANCES FROM 31ST MARCH 1903
TILL 31ST MARCH 1904.

	At Institution.	At their own Homes.	TOTAL.
April	1,106	127	1,243
May	1,105	121	1,226
June	1,209	115	1,324
July	1,245	103	1,348
August	1,245	85	1,330
September	1,138	108	1,246
October	1,206	150	1,356
November	1,175	148	1,323
December	1,213	150	1,363
January	1,253	164	1,417
February	1,159	162	1,321
March	1,224	166	1,390
	14,278	1609	15,887

TABLE II.—SHOWING DISEASES FROM WHICH PATIENTS SUFFERED.

Pulmonary Tuberculosis	9091	Injury to Chest, and Hernia of Lungs	11
Bronchitis	1250	Croupous Pneumonia	11
Emphysema, with Bronchitis, Asthma, etc.	533	Pleura, Affections of	252
Œdema of Lungs, with or without Bronchitis, Weak Heart, etc.	315	Larynx, Affections of	204
Capillary Bronchitis	20	Affections of related Organs, etc.	1477
			13,164

TABLE III.—SHOWING OCCUPATIONS OF PATIENTS.

Artists	14	Clerks and Warehousemen	418
Athletes	2	Coal Miners and Workers	118
Bakers	136	Comb and Brush Makers	21
Blacksmiths	97	Confectioners	14
Bookbinders and Folders	194	Coopers	3
Brassfinishers	97	Corkcutters	16
Butchers	46	Dairymen	7
Cabmen and Grooms	127	Domestic Servants	514
Carpenters, Joiners, and Woodworkers	438	Engineers and Enginemen	206
Car Conductors and Drivers	3	Farm Servants	23
Charwomen	119	Firemen	39
Chemists	21	Fishermen and Sailors	59
Children (below fifteen)	1419	Fishwomen	41
Chimney Sweeps	6	Fitters and Riveters	49
		Gardeners and Farmers	58

TABLE III.—*continued.*

Gatekeepers and Messengers	70	Policemen and Watchmen .	29
Glasscutters and Grinders .	33	Porters	125
Glaziers and Gilders . .	25	Postmen, Lamplighters, etc.	33
Golf-club Makers . . .	1	Printers, Compositors, etc..	332
Grocers	80	Railway Servants . . .	46
Guards.	27	Riggers	4
Gunmakers	11	Rubber Workers . . .	226
Hairdressers	49	Salesmen	194
Hawkers	89	Saleswomen	204
Hosiery Workers	2	Scavengers	12
Housewives	2696	Sealing-wax Makers . .	1
Insurance Agents and Com- mercial Travellers . . .	134	Seamstresses and Dressmakers	278
Ironmoulders and Typefounders	126	Shoemakers	127
Jewellers and Watchmakers	43	Sick Nurses	45
Labourers	876	Slaters	35
Laundresses	97	Soldiers	33
Leather Workers	14	Spinners	10
Librarians	2	Stokers	10
Lithographers	26	Students	13
Lorrymen and Carters . .	135	Surveyors	3
Maltmen	34	Tailors and Hatters . .	280
Masons	520	Tanners and Curriers . .	25
Millworkers	272	Teachers	62
Musicians	18	Tinworkers	53
Nondescript	737	Upholsters	32
Opticians	2	Van Drivers	6
Paper Bag Makers, etc. . .	41	Vulcanite Workers . . .	6
Paper Cutters	46	Waiters	117
Painters	129	Weavers	38
Plasterers	43	Wireworkers	25
Plumbers	77		

13,164

TABLE IV.—SHOWING AGES OF PATIENTS.

From 1-10	928
„ 11-20	2,785
„ 21-30	3,764
„ 31-40	2,680
„ 41-50	1,656
„ 51-60	840
Above 60	511

13,164

TABLE V.—SHOWING SEX OF PATIENTS.

Males	7,784
Females	5,980

13,164

TABLE VI.—SHOWING RESIDENCE OF PATIENTS.

Edinburgh, including Portobello and Joppa .	10,310
Leith, Newhaven, and Trinity	1,445
Country	1,409

13,164

TABLE VII.—SHOWING DISTRICTS FROM WHICH PATIENTS HAVE
BEEN RECEIVED, OTHER THAN EDINBURGH, LEITH, AND
IMMEDIATE VICINITY.

Aberdeen	4	Davidson's Mains	10
Aberdour	6	Denholm	1
Abernethy	2	Denny	2
Addiewell	1	Dollar	1
Alexandria	1	Doune	1
Alloa	7	Drem	1
Alnwick	1	Duddingston	10
Alva	12	Dumbarton	2
Alyth	1	Dumfries	4
Airdrie	2	Dunbar	8
Annan	1	Dunblane	2
Anstruther	1	Dundee	16
Arbroath	2	Dundonald	1
Argyllshire	2	Dunfermline	30
Armadale	10	Duns	4
Auchendinny	4	Dysart	2
Ayr	1	Earlston	5
Ayton	1	East Calder	6
Bathgate	22	Elgin	3
Beattock	1	Elphinston	1
Belfast	1	England	20
Berwick-on-Tweed	5	Eyemouth	1
Biggar	1	Falkirk	34
Blackhall	12	Fauldhouse	5
Blair Atholl	1	Fife	19
Blairstown	2	Ford	2
Blantyre	3	Forres	1
Bonar Bridge	1	Galashiels	34
Bo'ness	11	Garvald	2
Bonnyrigg	24	Gilmerton	1
Bowbridge	1	Glasgow	106
Broomieknowe	1	Gordon	1
Broxburn	46	Gorebridge	8
Buckhaven	1	Govan	4
Burntisland	7	Grangemouth	12
Caithness	3	Granton	4
Carlisle	4	Greenock	1
Carstairs	1	Haddington	12
Chirnside	2	Hamilton	5
Cleland	1	Hawick	4
Coatbridge	3	Helmsdale	1
Cockenzie	82	Innerleithen	9
Colinton	8	Inverkeithing	6
Corstorphine	14	Inverness	6
Cowdenbeath	5	Ireland	2
Cramond	3	Island of Eigg	1
Crieff	3	Jedburgh	2
Cumberland	1	Johnstone	4
Currie	8	Juniper Green	8
Dalhousie	1	Kelso	3
Dalkeith	24	Kinghorn	1
Dalmeny	2	Kingsknowe	1

TABLE VII.—*continued.*

Kirkcaldy	45	Pencaitland	13
Kirkcudbright	2	Penicuik	32
Kirkintilloch	1	Perth	12
Kirkliston	2	Pitlochry	1
Kirknewton	1	Polmont	9
Ladybank	2	Polton	5
Lanark	4	Prestonpans	22
Langsidehouse	1	Queensferry, N. and S.	17
Lasswade	2	Reston	1
Lauder	1	Roseburn	1
Leadburn	1	Rosewell	3
Leslie	1	Roslin	4
Leven	2	Ross-shire	1
Liberton	12	Rothsay	1
Linlithgow	6	St. Andrews	2
Liverpool	2	St. Boswells	2
Livingston	1	Selkirk	9
Loanhead	20	Shotts	4
Lochgelly	2	Slateford	16
Lochwinnoch	2	South Shields	2
Lockerbie	2	Stenton	1
London	4	Stirling	12
Longniddry	2	Stobo	1
Macmerry	3	Stonehaven	1
Manchester	1	Stow	3
Manuel	1	Sutherlandshire	3
Markinch	2	Tain	1
Maybole	1	Tillicoultry	2
Melrose	5	Tranent	65
Midcalder	14	Tynecastle	1
Midlothian	3	Uphall	9
Milton Bridge	1	Wales	1
Moffat	1	Walkerburn	4
Montrose	3	Wemyss	4
Motherwell	2	West Calder	7
Musselburgh and Fisherrow	126	Whitburn	2
Newton Grange	1	Wick	1
Niddrie	1	Winchburgh	2
North Berwick	5	Wishaw	1
Orkney and Shetland	29	Australia	1
Paisley	2		
Peebles	17		

ILLUSTRATIVE CASES.

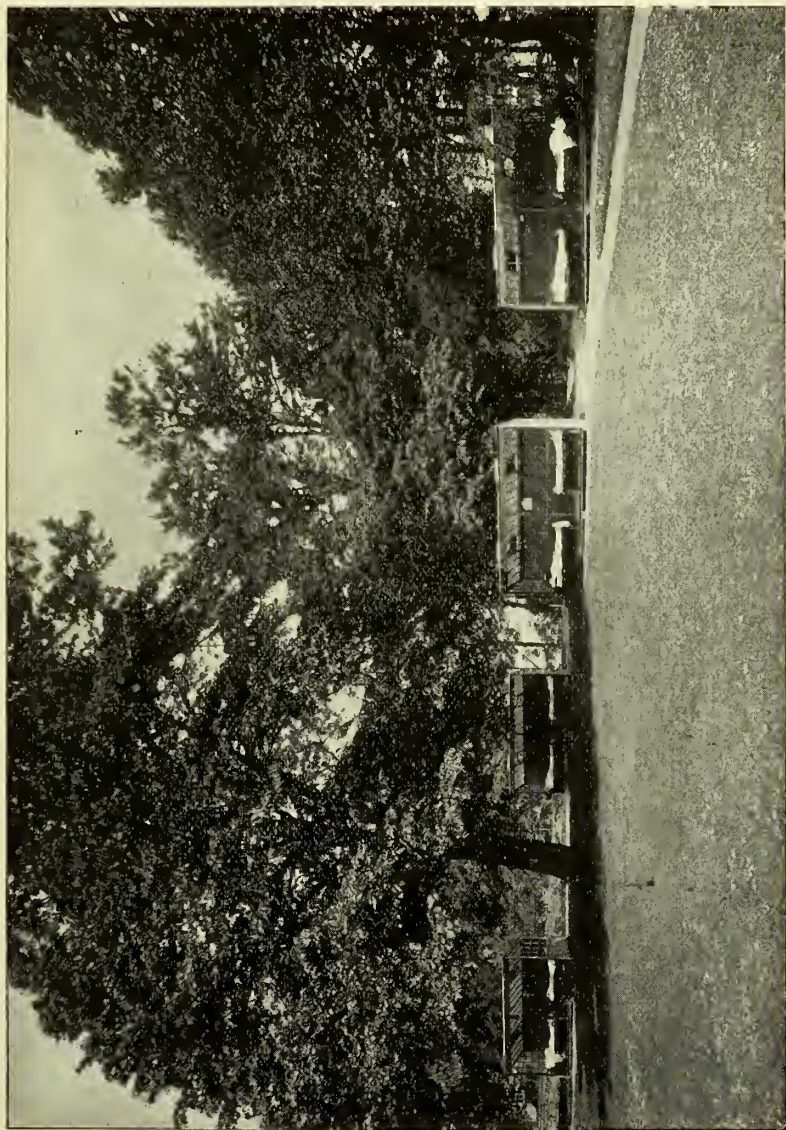
Case of F. J.—Clerk, aged twenty-one, was admitted into Hospital, in July 1896, with a history of two years' illness. His father had died from Phthisis, and his mother was suffering from it. He had severe pain in the chest, dyspnœa night-sweats, and loss of appetite. His weight was 7 st. 11½ lb., and he showed considerable emaciation. There was pronounced disease of both lungs. During a stay of a few weeks his general condition much improved, and he gained one stone weight. He was kept under close observation till May 1899. During all that time, in spite of occasional exacerbations of symptoms, he kept up his weight and general condition. Since then he has been continuously at work, and has added to his clerkship the conducting of a successful business. He has rigidly maintained the principles of open-air life and the régime of the Hospital, and is now in excellent health.

Case of P. M.—Kitchenmaid, aged twenty-four, was admitted into Hospital in December 1898, with a history of "inflammation of the lungs" of four years' standing. She had been treated in a general hospital. There was great loss of appetite and dyspnœa, and she had lost much weight. There was abundant evidence of advanced bilateral disease. During a stay of nine weeks the disease was apparently arrested, and the patient improved so much in general condition that she was able to take the situation of cook at the Hospital, which post she only gave up after a year's work, owing to family circumstances. She has kept strong and well ever since.

Case of R. I.—Clerk, aged twenty-two, was admitted into Hospital in February 1899, with a history of recurrent "colds in chest" for five years, and for four months a continuous "bad spit." One of the patient's sisters had died of phthisis. On admission, the patient complained of occasional stabbing pains in the chest, and almost total loss of appetite. His weight was 9 st. 7 lb. On examination, the patient showed a narrow flat chest, with widespread signs of disease in both lungs. Tubercle bacilli were numerous in the expectoration. During residence in the Victoria Hospital the chest condition improved very much, the signs of moisture disappearing. The patient's general condition also greatly improved, and he gained 12 lb. weight. The patient lives always on open-air lines, and has kept strong and well ever since.

Case of D. A.—Draper, aged eighteen, was admitted into Hospital in November 1900, with a history of cough and spit for seventeen months. An elder brother had had phthisis for two years. Patient complained of a hacking cough, with a spit occasionally tinged with blood, and frequent sharp pains. The patient presented evidence of bilateral disease, with excavation. Tubercle bacilli were numerous in the sputum. During the patient's residence of six and a half months, the evidence of active disease gradually lessened, till the disease became arrested. His general condition was immensely better, 19 lb. weight being gained. The patient, who has always kept up the open-air life, looks and feels in splendid condition, after continuous work for nearly three years.

Case of G. J.—A mason, aged 36, was admitted into Hospital in May 1901, with a history of cough continuing since an attack of influenza two and a half years before. The cough had got worse, patient had lost flesh and appetite, and had not been working for nine months, during which time he began to attend the Victoria Dispensary, and to improve somewhat before admission. One brother of the patient had died ten years before of phthisis. The patient showed great wasting, and abundant evidence of



OPEN-AIR SHELTERS, AS ARRANGED FOR NIGHT USE.

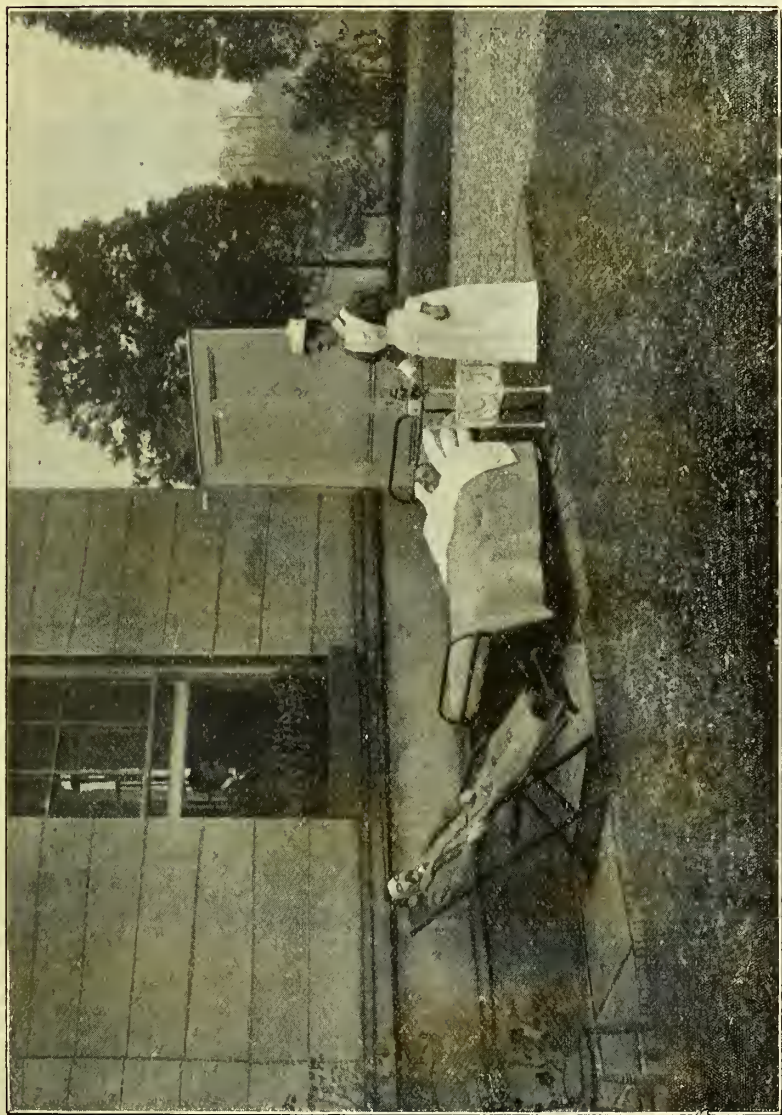
lung affection. Tubercle bacilli were found in the sputum. The patient was in Hospital for four months, during which time he put on 20 lb. weight, and improved extremely in general condition. All evidence of moisture disappeared from the chest. The patient changed his occupation to that of a cable car driver, and has been at work for two years without losing a day from ill-health.

Case of F. J.—A commercial traveller, aged forty-two, was admitted into hospital as a “visitant” patient in January 1902, with a history of “pleurisy” seven years before, and recently of continuous cough and spit for nine months. He had been so ill that he could hardly get out o and into, bed. Patient had severe cough and spit, and pain. On examination—pulse very rapid and feeble, and there was widespread evidence of lung disease on both sides. Constitutionally he was greatly reduced. The patient improved in most remarkable fashion, and has continued to do so ever since. He put on 53 lb. weight during treatment. Of this, he has dropped a few pounds in the past year, during which time he has been steadily engaged in a long day’s work (6 a.m. to 8 p.m.) as bath attendant at the Hospital—at once a guide and object lesson to the rest of the patients.

OUT-PATIENT DEPARTMENT.

THE following cases, taken at random from the note-book of the Assistant Medical Officer, serve to illustrate the nature of this department of the work:—

Case of E. F.—Married woman, aged thirty-five. This patient visited the Dispensary, and was then discovered to be in such an advanced stage of phthisis that she was ordered home to bed. I subsequently visited her there, and continued doing so till her death. I have seldom visited such a filthy, desolate house. It consisted of one room, situated in a court in one of the slums of the city. In this room were the patient, her husband, and child.



CONTINUOUS OPEN-AIR TREATMENT FOR PATIENT CONFINED TO BED.

Want was painfully apparent everywhere, the only furniture in the room being the bed upon which patient lay, a make-down (which appeared to consist of rags) for the child, a table, and a broken-down chair—everything else had been parted with. The husband was a drunkard out of work. The patient lay in bed too weak to rise, and was in the greatest discomfort, her breath being painfully short and difficult, her cough constant. At the head of the bed on the floor stood a pail, into which she made feeble attempts to expectorate. Owing to her weakness the expectoration was all over the bedclothes, the floor, and the wall. Nursing she had had none, save what her child (aged six) could give her. The only food I saw was a dry scone and a fragment of a loaf. I immediately advised our nurse of the case, and directed her to visit the patient daily, and do all in her power to help her. We supplied her with bed clothing, etc., and with food more suitable for an invalid, and altogether were able to relieve her suffering and add to her comfort very materially during the short period till her death.

Case of W. B.—Single, aged twenty-nine. This patient was a discharged soldier, and had been through the siege of Ladysmith. His health never got over the privations of the siege and the rigours of the campaign which followed, and he was discharged from the army suffering from pulmonary tuberculosis. For several months he attended the Dispensary from time to time, but for the last few months of his life he was confined to bed, and I visited him at his house. He lived in an attic at the head of an insanitary stair in the West Port. Though means were very scanty, the room was kept scrupulously clean, the skylights always open, and his mother, who tended him most devotedly throughout his illness, was most particular in carrying out all my instructions. Expectoration was carefully disposed of, medicine regularly given, and altogether the mother took an intelligent interest in implicitly following directions. His condition gradually got worse, the cough more persistent, and the weakness most trying, until death brought a happy release. This was one of the best types of my patients.

Since his death I have seen one of his brothers, who is suffering from early phthisis, showing how, in spite of care, cleanliness, and abundant fresh air, this deadly disease spreads wherever there is poor diet and confined space.

SAMARITAN WORK.

Case of W. B.—A lad, aged twenty. Van driver to a large firm in town. This patient lived in a sunk flat in the south side. In the room in which he lay his father had died of consumption some twelve months' previously. The rooms were large and clean, but sunlight never penetrated to them, and ventilation was very defective. The mother supported her family (of three), by going out to wash and char, so that food was neither abundant nor of a kind suited for an invalid's appetite. The patient had to shift for himself during the day when his mother was out working. The Samaritan Committee took up the case, and their care and attention helped matters very considerably.

Case of J. M'E.—Girl, aged twenty-one. This girl came under notice only a few weeks before her death. She lived with a sister in a large airy room in one of the poorer parts of the city. Owing to the very advanced stage of her illness, the sister had to leave off her work in order to nurse her. Consequently they were in great poverty. The house was beautifully clean, the window constantly open. The case was taken up by one of the Samaritan Committee. With her kind and practical help, and the daily ministrations of the nurse, everything was done to ensure the patient's comfort. The cough was most harassing, perspiration constant, and weakness very distressing. Thanks, however, to the help thus obtained, the girl's last days were helped and lightened in a wonderful way.

ABSTRACT OF THE CLERK AND TREASURER'S ACCOUNTS, from 31st March 1903 to 31st March 1904.

I.—ORDINARY INCOME AND EXPENDITURE ACCOUNT.

INCOME.

I. Revenue received—

I. Subscriptions and Donations—		
(1) Per Treasurer, as on p. 38	£539	18 10
(2) Per Lady Collectors in Edinburgh and Leith, as on p. 53	£949	12 8
(3) Per Public Works, as on p. 54	122	11 1
(4) Per Lady Collectors in Country Districts, as on p. 80	1,072	3 9
(5) Per Sunday Schools, as on p. 81	1,235	17 4
(6) Per Collecting Boxes, as on p. 81	13	10 1
	87	17 5
	<hr/> £2,949 7 5	
2. Contributions from Patients towards Maintenance	491	18 6
3. Dividends and Interest received	81	18 0
4. Miscellaneous	64	17 8
	<hr/> £3,588 1 7	
Excess of Ordinary Expenditure over Income, carried to Extraordinary Account	1,749	7 11

EXPENDITURE.

I. Payments in connection with the Hospital—

1. Provisions	£2,073	1 0
2. Salaries and Allowances to Resident Staff	261	19 1
3. Servants' Wages	231	13 11
4. Rates, Taxes, and Insurance	160	2 8
5. Heating and Lighting	355	4 2
6. Furnishings and Repairs	618	1 2
7. Medicines and Medical Appliances	208	18 6
8. Up-keep of Grounds	162	8 0
9. Miscellaneous Payments, including Matron's Sundries	54	0 2
	<hr/> £4,126 8 8	

II. Payments in connection with the Dispensary—

1. Rent, Rates, and Taxes	£50	13 9
2. Salary to Medical Assistant	60	0 0
3. Coals and Gas	9	7 9
4. Furnishings and Repairs	3	12 2
5. Caretaker's Wages	45	8 0
6. Medicines and Medical Appliances	266	3 10
7. Caretaker's Sundries, £12, 3s. 3d., and Miscellaneous, 7s. 6d.	12	10 9

III. Interest Paid on Heritable Loan

IV. Printing, Stationery, and Advertising	447	16 3
V. Commission and Expenses of Organising Secretary, including Travelling Expenses	212	16 0
VI. Expenses of Management	178	16 5
VII. Postages and Miscellaneous Payments	240	10 10
	110	10 0
	20	11 4
	<hr/> £5,337 9 6	

The expectoration should on no account be swallowed, for thereby the disease may pass to other organs.

Consumptive patients should avoid kissing.

Consumptive mothers should not suckle.

If expectoration has been accidentally deposited on the floor or other object, it should be wiped up and burned, and the surface of the object cleansed with strong antiseptic.

Rooms which have been long occupied by a consumptive patient should, before occupation by someone else, be carefully disinfected, as after other infectious disease.

FRESH AIR is the food of the lungs. Therefore, see that the lungs be not starved.

A.—By Day.—The patient should occupy as airy a room as possible. It must be scrupulously dry, and preferably removed from the ground. The window should be *freely* open. When able, the patient should be out of doors once or several times during the day. He must avoid over-effort, and damp, or chill, which would counteract the benefit.

B.—By Night.—He should sleep alone. The bedroom should be large and airy. The window should be kept open, less or more according to the season.

Copies of these, on card, can be had for distribution, price 2s. 6d. per 100, on application to the Physician, Victoria Hospital for Consumption, Craigleith, Edinburgh.

Regulations for the Admission of Patients.

1. The Victoria Hospital is founded for the treatment of patients suffering from Consumption, who are in necessitous circumstances.

2. No patient whose household is in receipt of Parish Assistance shall be considered eligible for admission.

3. Patients will be admitted to indoor treatment, only if the Physician is satisfied that the case may reasonably be expected to benefit thereby.

4. Subject to the above restrictions, patients will be received in order of application, according as vacancies may occur.

5. A small number of beds is available for patients able to contribute £1, 1s. weekly towards the cost of maintenance. Patients will be admitted on this basis strictly in order of application, and only on condition that they can contribute the weekly sum for four months, should residence for that period be deemed desirable by the Physician.

6. The length of residence in hospital will depend on the nature of the case. With regard to this the Physician shall be the judge.

7. No case shall be admitted twice within one year.

8. In entering the Hospital, patients agree to conform rigidly to the Rules of the Institution. No patient shall be readmitted if he has once been discharged for breach of Rules.

9. Applications for admission should be made directly at the Out-Patient Department, 26 Lauriston Place, or by letter, addressed to the Clerk and Treasurer, Mr. NORMAN CAIRNS, C.A., 4A St. Andrew Square, Edinburgh.

OUT-PATIENT DEPARTMENT,

26 LAURISTON PLACE.

1. The Out-Patient Department is open for consultation to all necessitous patients suffering from Consumption or Diseases of the Chest, on Mondays, Wednesdays, and Fridays, at 3 p.m.

2. Medicines are dispensed *gratis* only to such patients as the Physician ascertains to be in need of such further assistance. A formal charge of One Penny will be made for each prescription so dispensed.

3. Patients shall not receive advice or medicines unless they attend punctually at the appointed hours, which are indicated on the Prescription Form.

The above Regulations are subject to alteration by the Acting Committee.

14th July 1904.



THE OUT-PATIENT DEPARTMENT, 26 LAURISTON PLACE, is open for the Reception of Patients on MONDAYS, WEDNESDAYS, and FRIDAYS, from 3 to 4 p.m. ; and for the Dispensing of Medicines Daily (except Sunday), from 10 to 10.30 a.m., and on Mondays, Wednesdays, and Fridays, from 6 to 6.30 p.m.

About 60,000 Persons die annually of Consumption in the
United Kingdom.

THE
**ROYAL VICTORIA HOSPITAL
FOR CONSUMPTION**
CRAIGLEITH, EDINBURGH



FIFTEENTH ANNUAL REPORT
(1904-1905)

Patron—HIS MAJESTY KING EDWARD

Out-Patient Department—
26 LAURISTON PLACE, EDINBURGH

The Royal Victoria Hospital for Consumption was established
in 1887 as a Memorial of Queen Victoria's Jubilee.

In Memoriam Wards and Beds.

THE Trustees will be pleased to gratify the wish of any Donors who may desire to endow and name a Ward or single bed in the Royal Victoria Hospital. They purpose, therefore, to affix to beds in perpetuity the name of any benefactor of the Hospital to the extent of £1000 by donation or legacy, who so desires it, and to Wards in recognition of larger donations.

Lord Derby, when presiding at the opening of the New Extension Building to Brompton Hospital for Consumption, alluding in his speech to Memorial Wards and Beds, said—"One cannot dictate the form which affection and regret shall take to display themselves; every one must make their own choice; but for myself I cannot conceive a more satisfactory method of keeping alive the memory of a lost relative or friend, than by attaching his or her name permanently and inseparably to an institution which is intended to relieve suffering, and which for many generations to come may be a benefit to the living as well as a remembrance of the dead."

FORM OF LEGACY OR REQUEST.

*I give and bequeath to the ROYAL VICTORIA HOSPITAL FOR
CONSUMPTION, CRAIGLEITH, EDINBURGH, payable to the Treasurer
of the Institution for the time being, the sum of
free of legacy duty.*

"Regulations for Admission of Patients" will be found on p. 96.

FIFTEENTH ANNUAL REPORT
(1904-1905)

OF THE

Royal Victoria Hospital
for Consumption

CRAIGLEITH, EDINBURGH

Patron—HIS MAJESTY THE KING.

Patrons and Patronesses.

THE EARL OF ABERDEEN.

THE LADY MARY HOPE.

THE LADY SUSAN GRANT SUTTIE.

RIGHT HON. LORD KINNENEAR.

HON. LORD KYLLACHY.

Out-Patient Department—
26 LAURISTON PLACE, EDINBURGH

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SIR ALEXANDER CHRISTISON, BART.

Vice-President.

SIR ALEXANDER KINLOCH, BART.

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JOHN WILSON, Esq., K.C., 9 Drumsheugh Gdns., Edinburgh.

HENRY J. YOUNGER, Esq., of Benmore, Edinburgh.

- * WM. YOUNGER, M.P., of Auchen Castle, Moffat.

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 Mrs. GEORGE CRABBE, 8 Rothesay Terrace.
 Mrs. DICKSON, 1 Grosvenor Gardens.
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 Miss THORBURN, 12 Hermitage Place, Leith.
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 G. L. GULLAND, M.D., F.R.C.P.

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DAVID MARAIS, M.B., Ch.B.

Non-Resident Clinical Assistant.

W. LESLIE LYALL, M.B., C.M.

Research Scholar.

J. J. GALBRAITH, M.D.

Lady Superintendent.

Miss GUY.

Auditor.

EDWARD BOYD, C.A., 23 Thistle Street, Edinburgh.

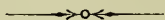
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NORMAN CAIRNS, C.A., 4A St. Andrew Square, Edinburgh.

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- Fraser, Miss, 42 Melville Street.
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- Gibb, Miss E., do.
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- Graham, Miss E., 2 St. Bernard's Cres.
- Grant, Miss, 4 North Fort Street.
- Gray, Miss, 6 Greenhill Place.
- Greig, Miss, 33 Warriston Crescent.
- Guthrie, Miss, Almora, Colinton.
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- Guthrie, Miss A. R., 13 Royal Circus.
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- Hamilton, Miss, 29 Polwarth Gardens.
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- Ingram, Miss, 17 Cornwall Street.
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- Lawson, Mrs., do.
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- Lennox, Miss, 25 Rankeillor Street.
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- Lyon, Miss J., do.
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- Marshall, Miss B., do.

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 Morrison, Miss, 10 Comely Green Pl.
 Morrison, Miss, Thule, Cluny Avenue.
 Muir, Miss, 8 Greenbank Terrace.
 Muller, Mrs. and Miss, 15 Oakville Ter.
 Murray, Miss, 304 Morningside Road.
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 Romanes, Miss, Craigknowe, Colinton
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 Wilson, Miss, 8 Bonaly Road.
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THE FIFTEENTH ANNUAL REPORT

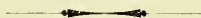
OF THE

COMMITTEE OF MANAGEMENT

OF THE

Royal Victoria Hospital for Consumption,
Craigleith, Edinburgh,

For the year ending 31st March 1905.



THE Committee have once more the satisfaction to report a year of continued good work and steady progress in the various departments of their operations against Consumption.

It is with especial gratification that they record their appreciation of the honour which His Majesty the King has been pleased to confer on the Institution, firstly, by graciously extending His Royal Patronage, and, more recently, by granting the title "Royal," to the Hospital. The Committee feel sure that, in thus recognising the Hospital, His Majesty has conferred an unspeakable benefit, and given an immense impetus to the extension of the Institution—an extension which is most desirable in the interests both of the consumptive poor and the general public.

The Committee desire further to express their loyal gratitude to Her Majesty the Queen for most graciously

consenting to become Patron of the International Fair, to be held in Edinburgh next November, on behalf of the funds of the Hospital.

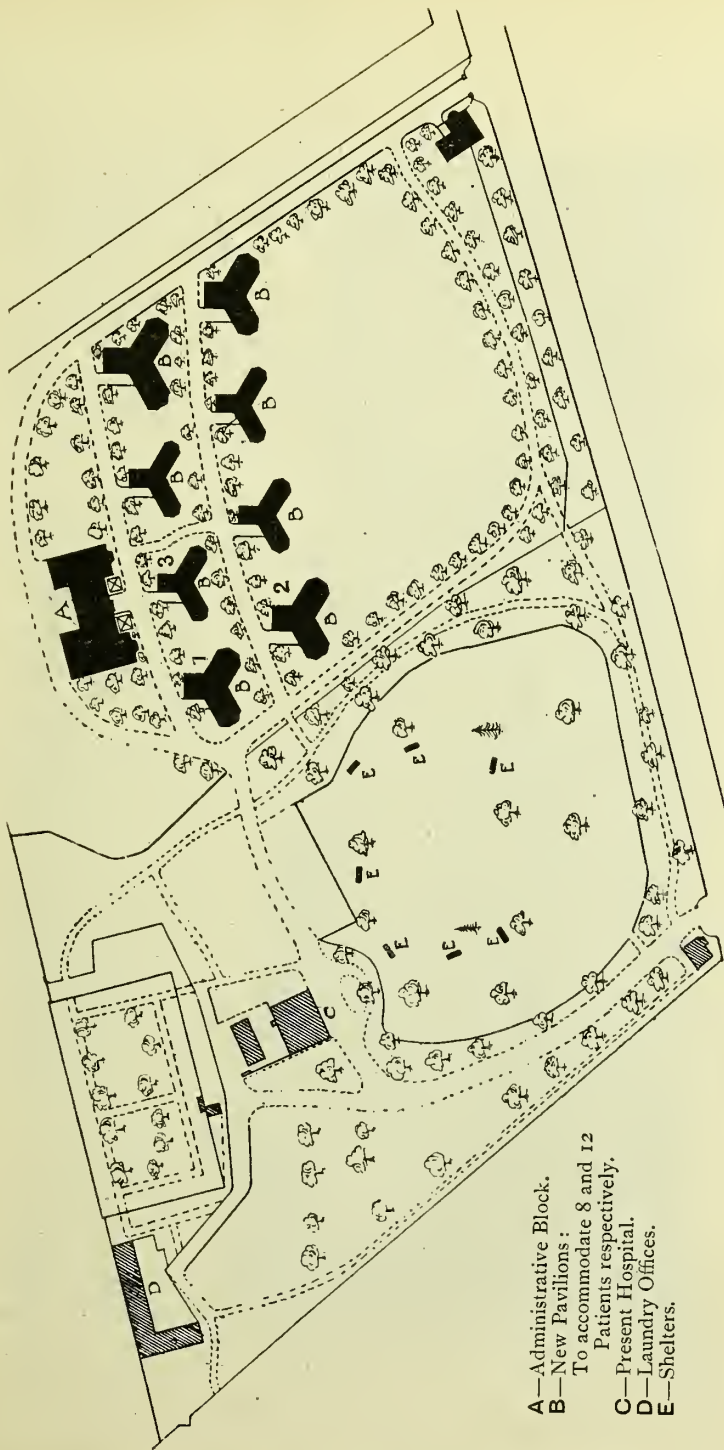
HOSPITAL OR SANATORIUM.

Since the opening of the Hospital till the 31st March 1905, 988 individual patients have been received for indoor treatment in the Hospital. This number must be further increased by the addition of 133 "visitant" patients. Those "visitants" enjoy the same régime as do the other patients, save that instead of sleeping within the Hospital they return home at night. Until the number of beds in the Hospital can be substantially increased, the "visitant" method has the advantage of enlarging the scope of the Hospital's operations, and relieving somewhat the excessive demands for admission. There are at present altogether some fifty-five patients daily resident in the Hospital, some fifteen to twenty "visitant" patients, while eight or ten of the staff are past—cured—patients of the Institution.

EXTENSION OF HOSPITAL.

Last year the Committee had the satisfaction to report the inauguration, by the Right Hon. the Earl of Rosebery, K.G., K.T., of three new Pavilions, which constituted a most important enlargement of the residential part of the Hospital. They have pleasure in stating that eighteen months' trial of the new buildings has fully justified the sanguine expectations which were advanced at their opening. The Committee believe that nowhere are the modern principles of treatment by hyperæration and sunlight, which the Hospital has always inculcated, more thoroughly realised than in these buildings. Throughout the past year the buildings have been inspected by many deputations and individual visitors from different countries, whose criticism has been uniformly one of admiration.

The Committee would remind the friends of the movement that these three Pavilions form but a small portion of the plan drawn up by their architects, Messrs. Sydney



- A—Administrative Block.
 B—New Pavilions :
 To accommodate 8 and 12
 Patients respectively.
 C—Present Hospital.
 D—Laundry Offices.
 E—Shelters.

BLOCK PLAN OF EXTENSION OF VICTORIA HOSPITAL.

Mitchell & Wilson, for the realisation of the needs and purposes of the Hospital. The plan, as drafted by the architects, provides accommodation for sixty-eight beds more. It is sincerely to be hoped that this addition will be made shortly, as more than that number are constantly waiting for admission.

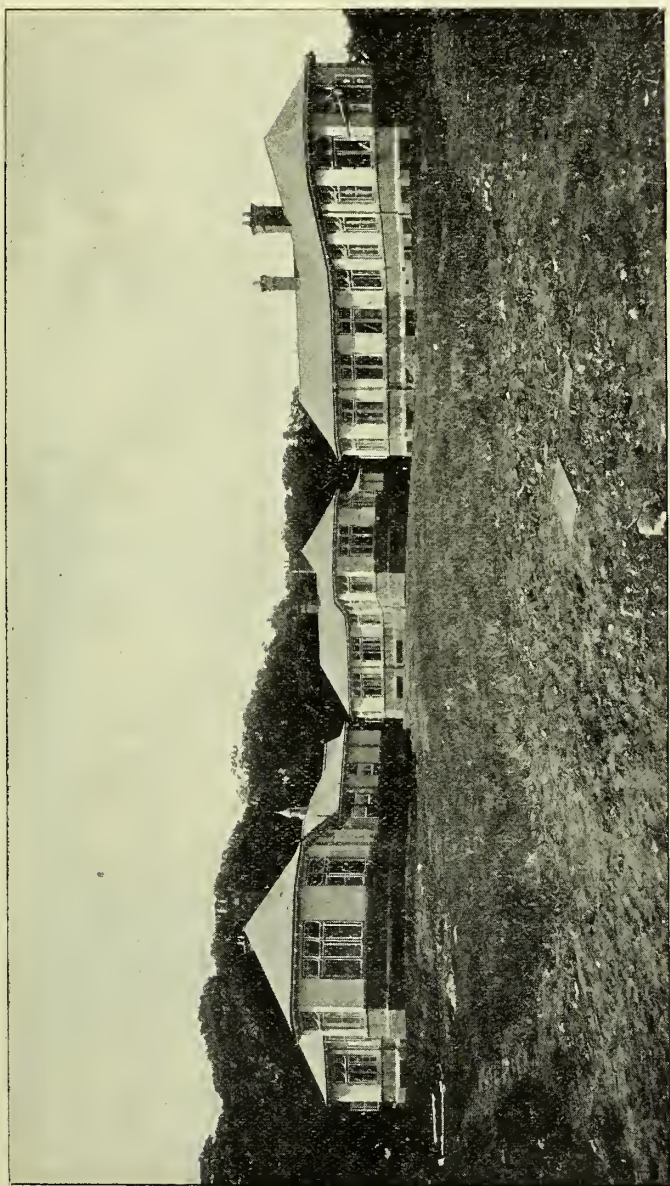
The plans include, further, a central administration block, including quarters for the resident staff, and a general dining-room and kitchen for the patients. At the present time the central accommodation is wholly inadequate for the number of inmates, so that the work of the staff is, in consequence, needlessly hampered.

It is with a view to extension on both those lines that a Great International Fair will be held in the Waverley Market, Edinburgh, in November next, when it is hoped that a sum of £12,000 may be obtained for the purpose. The Committee are sanguine that, with the gracious patronage of Queen Alexandra, and under the conduct of Lady Dunedin and her able and active coadjutors, the International Fair will prove a complete success. They desire cordially to thank all those who have already interested themselves in the movement, and would recommend the great Fair to all the friends of the Institution.

In all the extensions which have been sanctioned, it has been the determined purpose of the Committee to avoid unnecessary expenditure in stone and lime, and, none the less, to erect buildings embodying advanced views of treatment. Their aim has been to obtain perfection of construction from the therapeutic standpoint at the least cost compatible with the modern methods in respect to which the Royal Victoria Hospital has been a pioneer.

APPLICATIONS FOR ADMISSION.

The House Committee are besieged with applications for admission much in excess of existing accommodation. Each application receives solicitous consideration. The difficulty of the situation is increased by the fact that many patients are recommended for admission at advanced stages of the disease, when little or nothing can be effected.



Marshall Wane & Co., Photographers.

GENERAL VIEW OF THE THREE NEW PAVILIONS: FRONT ELEVATION.

Patients have been sent as highly suitable, who, on admission, have been found to be within a few weeks of the end. On one occasion a patient arrived from the country in so enfeebled a state that death occurred within three or four hours. This is not right.

Prolonged experience has satisfied the Committee that their duty, both to the great crowd of consumptive poor and to the public, consists in primarily admitting patients in the case of whom there is reasonable ground to expect a cure, or, at least, lasting benefit. With that reservation, patients are admitted in order of application. No delay occurs, save that which is dependent on the limits of accommodation. This unavoidable delay will be obviated in large part by the increase of beds, which the proposed extension will afford.

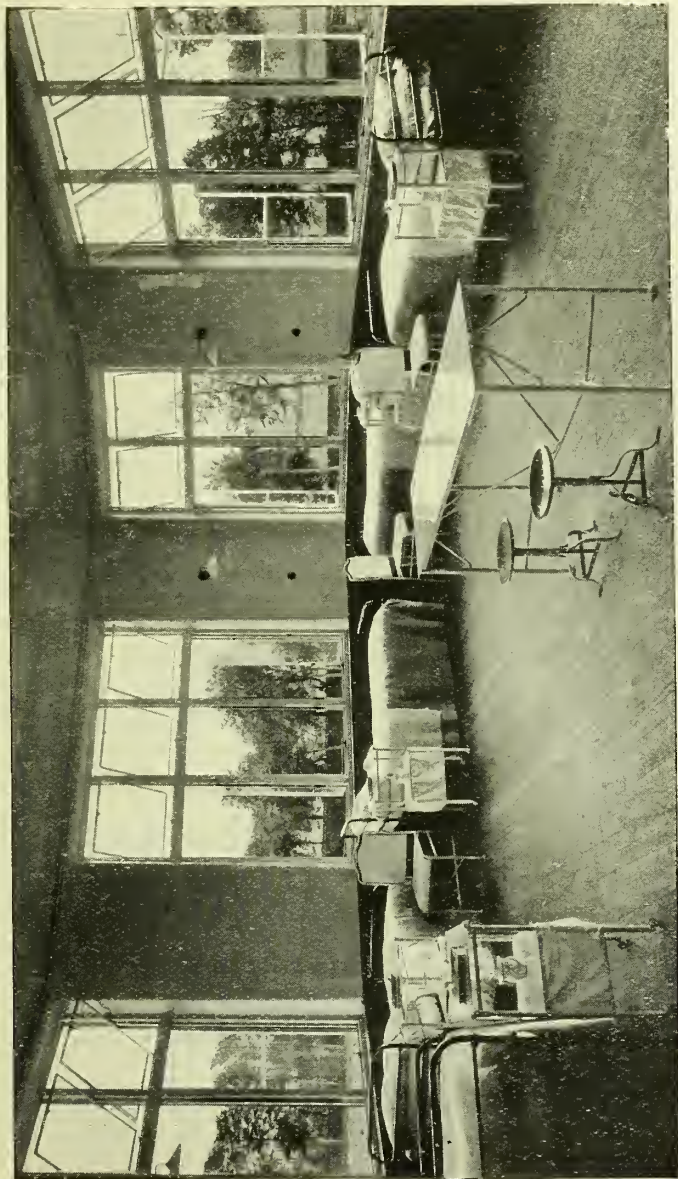
CONTRIBUTING PATIENTS.

In order to enlarge the operations of the Hospital, and to meet the case of patients able to contribute in part towards their maintenance, the Committee have arranged for the addition of a few beds in excess of their present ordinary resources. The contribution has meantime been fixed at a guinea per week. Such contribution does not actually cover expenditure on the beds, but it justifies the maintenance of a larger number of beds than would be possible otherwise.

The contribution confers no advantage save that of earlier admission,—the number of applicants on this footing being naturally less. The régime and treatment of the patient are in no way affected by the contribution.

The Committee's experience is in favour of a further adoption of the principle, which affords a legitimate means of income, and, indirectly, of extension, to the Hospital. Patients, who are able to contribute, preserve their self-respect by so doing and obtain immediate advantage, while those who are unable benefit indirectly through the liberation of beds which is thus attained.

So impressed have the Committee been by the advantages likely to accrue from an extension on these lines,



Marshall Wane & Co., Photographers.

INTERIOR OF NEW PAVILION, SHOWING ARRANGEMENT OF BEDS IN RELATION TO OPEN WINDOWS

that they have proposed this method of endowment to individual benefactors, to heads of firms, and to smaller towns and communities. They are prepared to negotiate for the maintenance of a bed within the Hospital for a sum of £80 per annum, which represents approximately the actual outlay,—the contributor having immediate right of nomination to that bed throughout the year, provided that such applicants for admission conform in other respects to the regulations of the Hospital.

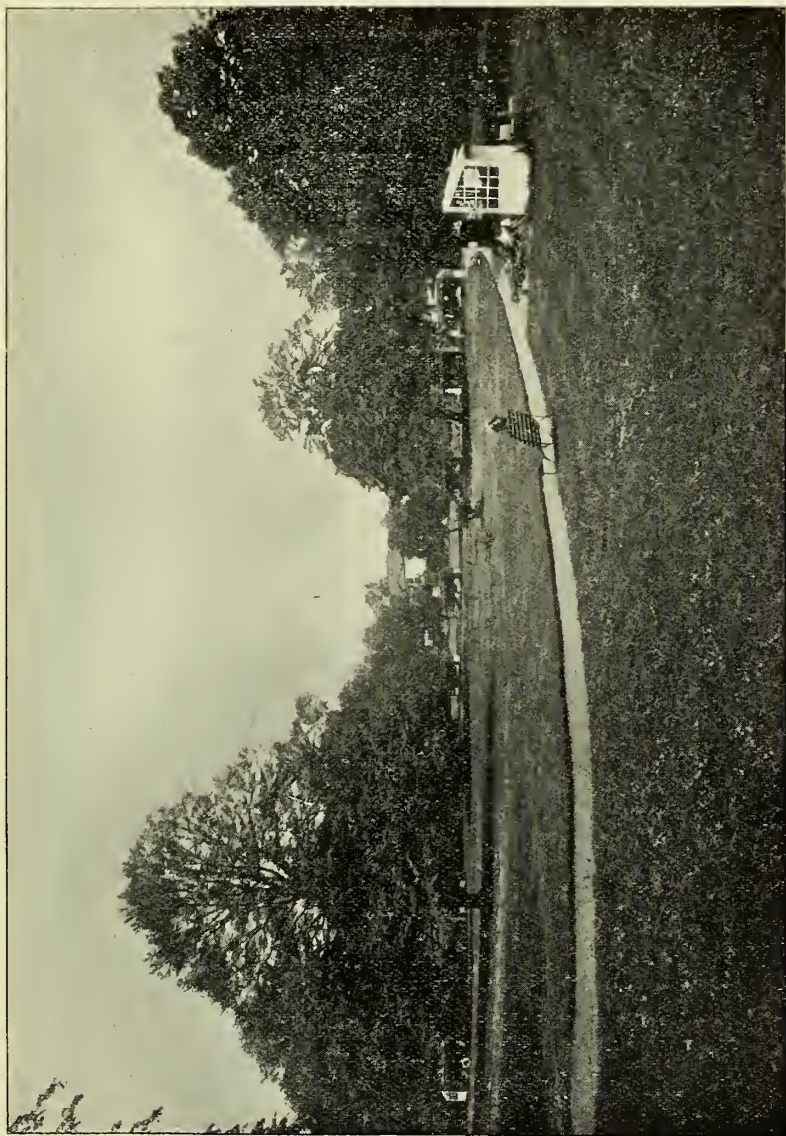
They believe that the system of contribution is a sound one in the case of an illness which necessitates such prolonged residence and treatment. Contributors, whether individuals or communities, might in this way, without further trouble or expense, obtain for their consumptive poor, in varying number, skilled treatment not easily achieved by other means.

LENGTH OF RESIDENCE.

The length of residence necessary to effect a cure or effective arrest of the disease is considerable. This is specially true in the case of patients who have to work hard for a livelihood. Most of the disappointments in respect of treatment result from a failure to realise this on the part either of the patient or his attendant. Patients under treatment in the Hospital have generally remained several months. In one instance it has been found necessary to keep the patient over a year. This reduces somewhat the total number of patients treated in a given year—a reduction, however, which is justified by the greater certainty and permanence of cure.

RESULTS OF TREATMENT.

These continue gratifying. With few exceptions the patients have done well. In a large number of instances the disease has been effectively arrested, and the patients have resumed regular employment. Thereafter the Hospital has kept in touch with many of those, either directly or through their doctors. Many patients find themselves in a



VICTORIA HOSPITAL—GENERAL VIEW OF THE GROUNDS.

much stronger and healthier condition than ever previously. Other patients, while less certainly cured, are so much bettered that, on discharge, they have been able to undertake work of a selected character. This has come to be an important aspect of the Hospital's work—the education of delicate patients how to improve their conditions at home and work, with a view to the maintenance of their health.

A number of patients, more or less certainly cured, have been retained in the service of the Hospital. From eight to ten patients have been thus employed throughout the year. Half a dozen have remained attached to the Institution for several years. Such patients retain the advantage of the régime and surveillance, receiving a reasonable return for their services.

AFTER-CARE COLONY.

In this way a first step has been taken towards the scheme proposed by Dr. Philip, a number of years ago, for the establishment of a colony for the after-life and supervision of consumptive patients. The scheme concerns patients in whom the disease has been sufficiently arrested to make selected open-air employment feasible and desirable. Such an after-care colony has been for long an integral part of the Hospital's programme. The experimental test in immediate connection with the institution has brought the conviction that a further development of the scheme would play an immensely important part in the operations of the Hospital. This experience justifies the view that such a colony would be largely—probably entirely—self-supporting, and that residence in the colony for one or two years would in most cases suffice to finish the cure which the Hospital had already more or less certainly effected. To be really valuable, such a colony must be in close connection with an organisation such as the Royal Victoria Hospital.

The Committee are hopeful that in the course of the coming year they may be able to develop the scheme on a considerable scale. They would welcome the assistance in this special department of some wealthy friend of the

consumptive who might see in this a thoroughly fresh avenue for hopeful and effective endeavour. It would gratify them immensely if someone should see his way to provide the Committee with a suitable bit of land on which to commence operations without further delay.

DISPENSARY AND OUT-PATIENT DEPARTMENT.

The dispensary is in a true sense the centre of the Hospital's operations. The immense clientèle is drawn from all parts of the city and country. Since the date of opening, 14,329 individual patients have received advice and treatment. Many of them have attended many times. Some have been under supervision for years. A large number have been supervised at their own homes. During the past year 17,556 attendances have been registered. In addition to their examination by the doctors and the more strictly medical treatment, the patients receive printed instructions how to treat themselves and how to prevent or lessen the risk of infection to others. They receive disinfectants and sputum bottles, and where the family conditions seem to require it, food stuffs and the like. Their homes are visited both by the medical officer and one of the Victoria Hospital nurses, specially appointed for the purpose. During the year the nurse has paid 1288 visits. By means of a house-to-house visitation there is being accumulated a systematic record as to the home conditions of the consumptive poor in the city, which promises to prove of great value. At the Laboratory of the Dispensary the bacteriological diagnosis of the disease is carried out in every possible case. Altogether 464 examinations were made during the past year, and 476 notifications to the city authorities since March 1903.

SAMARITAN COMMITTEE.

The Samaritan Committee of Ladies, which acts in concert with the medical officers, has continued to do excellent work, more particularly among patients who have

become impoverished by the disease. This invaluable division of the work has been greatly assisted by the services of the trained nurse. The operations are regulated at fortnightly meetings, when fresh cases are reported by the medical officer, and the requisite help is determined.

REVENUE.

The excess of Ordinary Expenditure over Total Income for the year to 31st March 1905 was £1756, 15s. 11d.

This excess of expenditure can be most satisfactorily prevented by a considerable addition to the annual subscriptions and the number of annual subscribers. They would accordingly appeal most earnestly for increased support from their fellow-citizens and countrymen.

In conclusion, the Committee desire to thank the many friends who have already taken part in the work by subscription or donation. They have again specially to thank contributors to the Extension Fund, which this year has amounted to £2438, 10s. 4d. Acknowledgment of the various donations and subscriptions will be found on pp. 34-81 of the Report. Valuable service continues to be rendered throughout Scotland by means of the Local Auxiliaries for the collection of subscriptions. The Committee beg to thank the ladies and gentlemen forming the auxiliaries for their generous labours in helping to extend the usefulness of this *National Institution*. They have also to record their gratitude to the members of the medical staff and other office-bearers, the lady superintendent and nurses, the ladies who have given their services in connection with the Samaritan work, and the lady collectors. They desire also to thank the clergymen whose services have been kindly given to the Hospital.

They recall with sorrow the loss which the Hospital has sustained by the death of several kind friends, whose thoughtful remembrance of the Hospital will be greatly missed.

In name of the Committee of Management,

A. CHRISTISON,
President.

MEDICAL STATISTICS.

I. HOSPITAL—INDOOR PATIENTS.

From the date of opening, 988 patients have been under treatment in the Hospital. In addition to these, 133 patients have been allowed to spend the whole day at the Hospital, enjoying the régime and treatment, and going home at night. Thus—

Indoor (Resident) Patients	988
Visitant Patients	133
	<hr/>
	1121

TABLE I.—SHOWING OCCUPATIONS OF PATIENTS.

Architect's Draughtsmen	3	Dyeworkers	4
Asylum Attendants	1	Electricians	2
Bakers	7	Electrotype Finishers	2
Barbers	4	Engineers	17
Black Borderers	1	Engravers	1
Blacksmiths	10	Envelope Folders	4
Boiler Firemen	1	Factory Hands	15
Boilermakers	1	Feather Curlers	2
Bookbinders	3	Fishermen	7
Bookfolders	8	Footmen	2
Booksellers	2	French Polishers	2
Brassfounders	5	Furniture Designers	1
Brewery Workers	1	Furniture Packers	1
Brick Kiln Setters	1	Gamekeepers	3
Bricklayers	2	Gardeners	13
Builders	1	Gas Meter Index Makers	1
Butchers	4	Glass Painters	1
Butlers	4	Glassworkers	6
Cabinetmakers	2	Globe Menders	1
Cabmen	1	Golf-club Makers	1
Canvas Embossers	1	Golfers (Professional)	3
Canvassers	2	Governesses	3
Carriers	1	Grocers	9
Chemists	3	Grooms	5
Claypipe Makers	2	Gunsmiths	1
Clerks	75	Housekeepers	14
Commercial Travellers	12	Housewives	100
Cooks	1	Index-cutters	1
Coopers	4	Ironfounders	5
Crofters	1	Ironmongers	7
Dairymaids	2	Ironmoulders	2
Dairymen	3	Janitors	1
Decorative Artists	1	Joiners	28
Domestic Servants	72	Journalists	2
Drapers	7	Labourers	25
Dressmakers	34	Lady's Companions	7

TABLE I.—*continued.*

Laundresses	4	Saleswomen	7
Leadcutters	1	Sawyers	1
Librarians	1	School Children	57
Litho Artists	3	Schoolmasters	4
Machinists	11	Seamen	8
Maltmen	1	Seedsmen	1
Marine Firemen	5	Shepherds	2
Masons	28	Ship Draughtsmen	1
Medical Practitioners	1	Shirtmakers	2
Messengers	10	Shoemakers	6
Milliners	3	Shopgirls	19
Millworkers	16	Shopkeepers	7
Miners	6	Soldiers	9
Nondescript	47	Stablemen	1
Nursemaids	12	Stationers	1
Nurses	6	Steelworkers	4
Painters	12	Stonecutters	3
Paper Bagmakers	2	Students	6
Paper Workers	5	Surveyors	1
Parish Sisters	1	Tailors	26
Photographers	2	Teachers	16
Piano Tuners	1	Telegraphists	2
Pitmen	1	Telegraph Boys	1
Plasterers	3	Ticket Collectors	1
Plate Cleaners	2	Tinsmiths	2
Ploughmen	6	Tobacconists	2
Plumbers	15	Tram Conductors	3
Policemen	6	Typists	4
Porters	5	Upholsterers	3
Postmen	6	Valets	2
Postwomen	1	Van Builders	1
Pressers	2	Vanmen	3
Printers and Compositors	34	Waiters	5
Publicans	2	Waitresses	3
Purse-makers	1	Wardmaids	1
Quarrymen	1	Warehousemen	4
Railway Workers	11	Warehousewomen	4
Relief Stampers	1	Watchmakers	3
Reservists	1	Weavers	5
Road Superintendents	1	Wood Carvers	6
Rubber Workers	6	Woolsorters	4
Salesmen	10		

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TABLE II.—SHOWING AGES OF PATIENTS.

Under 11	25
From 11-20	303
" 21-30	507
" 31-40	184
" 41-50	92
Over 50	10

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TABLE III.—SHOWING SEX OF PATIENTS.

Males	638
Females	483

 1121

TABLE IV.—SHOWING RESIDENCE OF PATIENTS.

Edinburgh	582
Vicinity of Edinburgh	115
Country—	
Aberdeenshire	12
Argyllshire	4
Ayrshire	8
Banffshire	2
Berwickshire	18
British Guiana	1
Caithness-shire	2
Clackmannanshire	11
Cumberland	2
Dumbartonshire	10
Dumfriesshire	3
Elginshire	6
Fifeshire	52
Forfarshire	29
Haddingtonshire	23
Harris	1
Italy	1
Inverness-shire	5
Ireland	1
Kent	1
Kincardineshire	3
Kinross-shire	2
Lanarkshire	63
Lewis	1
Linlithgowshire	22
London	1
Manchester	2
Midlothian	25
Northumberland	1
Orkney	4
Peebles	1
Perthshire	18
Renfrewshire	7
Ross-shire	6
Roxburghshire	13
Selkirkshire	25
Shetland	8
Stirlingshire	20
Sutherlandshire	4
Switzerland	2
Yorkshire	2

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II. OUT-PATIENT DEPARTMENT.

Up to 31st March 1905, 14,329 *individual cases* received treatment at the Out-Patient Department.

TABLE I.—SHOWING ATTENDANCES FROM 31ST MARCH 1904
TILL 31ST MARCH 1905.

	At Institution.	At their own Homes.	TOTAL.
April	1,154	144	1,298
May	1,329	174	1,503
June	1,470	132	1,602
July	1,506	151	1,657
August	1,459	150	1,609
September	1,312	130	1,442
October	1,322	149	1,471
November	1,243	169	1,412
December	1,156	163	1,319
January	1,184	158	1,342
February	1,165	157	1,322
March	1,417	162	1,579
	15,717	1839	17,556

TABLE II.—SHOWING DISEASES FROM WHICH PATIENTS SUFFERED.

Pulmonary Tuberculosis	9970	Injury to Chest, and Hernia	
Bronchitis	1325	of Lungs	11
Emphysema, with Bronchitis,		Croupous Pneumonia	14
Asthma, etc.	569	Pleura, Affections of	272
Œdema of Lungs, with or		Larynx, Affections of	227
without Bronchitis, Weak		Affections of related Organs,	
Heart, etc.	328	etc.	1593
Capillary Bronchitis	20		
			14,329

TABLE III.—SHOWING OCCUPATIONS OF PATIENTS.

Artists	26	Clerks and Warehousemen	444
Athletes	3	Coal Miners and Workers	131
Bakers	143	Comb and Brush Makers	23
Blacksmiths	104	Confectioners	21
Bookbinders and Folders	204	Coopers	6
Brassfinishers	103	Corkcutters	16
Butchers	52	Dairymen	9
Cabmen and Grooms	133	Domestic Servants	551
Carpenters, Joiners, and		Engineers and Enginemen	227
Woodworkers	467	Farm Servants	28
Car Conductors and Drivers	7	Firemen	40
Charwomen	137	Fishermen and Sailors	68
Chemists	23	Fishwomen	44
Children (below fifteen)	1597	Fitters and Riveters	54
Chimney Sweeps	7	Gardeners and Farmers	63

TABLE III.—*continued.*

Gatekeepers and Messengers	77	Policemen and Watchmen .	31
Glasscutters and Grinders .	38	Porters	133
Glaziers and Gilders . .	25	Postmen, Lamplighters, etc.	36
Golf-club Makers . . .	3	Printers, Compositors, etc..	352
Grocers	87	Railway Servants . . .	57
Guards	27	Riggers	4
Gunmakers	11	Rubber Workers . . .	241
Hairdressers	52	Salesmen	203
Hawkers	99	Saleswomen	228
Hosiery Workers	6	Scavengers	15
Housewives	2921	Sealing-wax Makers . .	1
Insurance Agents and Com-		Seamstresses and Dressmakers	309
mercial Travellers . . .	148	Shoemakers	138
Ironmoulders and Typefounders	141	Sick Nurses	46
Jewellers and Watchmakers	46	Slaters	36
Labourers	944	Soldiers	34
Laundresses	105	Spinners	10
Leather Workers	16	Stokers	13
Librarians	2	Students	15
Lithographers	31	Surveyors	4
Lorrymen and Carters . .	144	Tailors and Hatters . .	297
Maltmen	35	Tanners and Curriers . .	25
Masons	549	Teachers	66
Millworkers	286	Tinworkers	57
Musicians	20	Upholsterers	36
Nondescript	822	Van Drivers	8
Opticians	2	Vulcanite Workers . . .	8
Paper Bag Makers, etc. . .	48	Waiters	125
Paper Cutters	49	Weavers	41
Painters	137	Wireworkers	26
Plasterers	48		
Plumbers	84		
			<hr/> 14,329

TABLE IV.—SHOWING AGES OF PATIENTS.

From 1-10	1,023
„ 11-20	3,048
„ 21-30	4,116
„ 31-40	2,937
„ 41-50	1,777
„ 51-60	895
Above 60	533
	<hr/> 14,329

TABLE V.—SHOWING SEX OF PATIENTS.

Males	7,797
Females	6,532
	<hr/> 14,329

Visits paid by Nurse (11 months)	1288
Number of Sputa examined	464

TABLE VI.—SHOWING RESIDENCE OF PATIENTS.

Edinburgh, including Portobello and Joppa	11,184
Leith, Newhaven, and Trinity	1,606
Country	1,539

14,329

TABLE VII.—SHOWING DISTRICTS FROM WHICH PATIENTS HAVE BEEN RECEIVED, OTHER THAN EDINBURGH, LEITH, AND IMMEDIATE VICINITY.

Aberdeen	4	Cowdenbeath	8
Aberdour	6	Cramond	4
Abernethy	2	Crieff	3
Addiewell	1	Cumberland	1
Alexandria	2	Currie	8
Alloa	8	Dalhousie	1
Alnwick	1	Dalkeith	29
Alva	13	Dalmeny	2
Alyth	1	Davidson's Mains	13
Airdrie	3	Denholm	1
Annan	1	Denny	2
Anstruther	1	Dollar	1
Arbroath	2	Doune	1
Argyllshire	3	Drem	1
Armadale	11	Duddingston	10
Auchendinny	4	Dumbarton	2
Ayr	1	Dumfries	4
Ayton	1	Dunbar	8
Bathgate	27	Dunblane	2
Beattock	1	Dundee	16
Belfast	1	Dundonald	1
Berwick-on-Tweed	8	Dunfermline	31
Biggar	1	Duns	4
Blackhall	12	Dysart	3
Blair Atholl	1	Earlston	5
Blairgowrie	2	East Calder	6
Blantyre	3	Elgin	3
Bonar Bridge	1	Elphinston	1
Bo'ness	13	England	22
Bonnyrigg	27	Eyemouth	2
Bowbridge	1	Falkirk	39
Broomieknowe	1	Fauldhouse	5
Broxburn	48	Fife	20
Buckhaven	1	Ford	2
Burntisland	7	Forres	1
Caithness	3	Galashiels	42
Carlisle	4	Garvald	2
Carstairs	1	Gilmerton	1
Chirnside	2	Glasgow	110
Cleland	1	Gordon	1
Coatbridge	3	Gorebridge	9
Cockenzie	82	Govan	4
Colinton	8	Grangemouth	13
Corstorphine	17	Granton	6

TABLE VII.—*continued.*

Greenock	2	Motherwell	2
Haddington	14	Musselburgh and Fisherrow	139
Hamilton	5	Newton Grange	1
Hawick	4	Niddrie	1
Helmsdale	1	North Berwick	6
Innerleithen	9	Orkney and Shetland	29
Inverkeithing	6	Paisley	2
Inverness	6	Peebles	19
Ireland	2	Pencaitland	15
Island of Eigg	1	Penicuik	37
Jedburgh	3	Perth	15
Johnstone	5	Pitlochry	1
Juniper Green	11	Polmont	10
Kelso	3	Polton	5
Kinghorn	1	Prestonpans	22
Kingsknowe	1	Queensferry, N. and S.	18
Kirkcaldy	46	Reston	1
Kirkcudbright	2	Roseburn	1
Kirkintilloch	1	Rosewell	4
Kirkliston	4	Roslin	5
Kirknewton	2	Ross-shire	1
Ladybank	2	Rothesay	1
Lanark	5	St. Andrews	2
Langsidehouse	1	St. Boswells	2
Lasswade	3	Selkirk	9
Lauder	1	Shotts	4
Leadburn	1	Slateford	17
Leslie	1	South Shields	2
Leven	2	Stenton	1
Liberton	15	Stirling	12
Linlithgow	6	Stobo	1
Liverpool	2	Stonehaven	1
Livingston	1	Stow	3
Loanhead	25	Sutherlandshire	3
Lochgelly	2	Tain	1
Lochwinnoch	2	Tillicoultry	2
Lockerbie	2	Tranent	68
London	4	Tynecastle	1
Longniddry	2	Uphall	9
Macmerry	3	Wales	1
Manchester	1	Walkerburn	5
Manuel	1	Wemyss	4
Markinch	3	West Calder	7
Maybole	1	Whitburn	3
Melrose	5	Wick	1
Midcalder	15	Winchburgh	3
Midlothian	8	Wishaw	1
Milton Bridge	1	Australia	1
Moffat	2		
Montrose	3		

ILLUSTRATIVE CASES.

Case of F. J.—Clerk, aged twenty-one, was admitted into Hospital, in July 1896, with a history of two years' illness. His father had died from Phthisis, and his mother was suffering from it. He had severe pain in the chest, dyspnœa, night-sweats, and loss of appetite. His weight was 7 st. 11½ lb., and he showed considerable emaciation. There was pronounced disease of both lungs. During a stay of a few weeks his general condition much improved, and he gained one stone weight. He was kept under close observation till May 1899. During all that time, in spite of occasional exacerbations of symptoms, he kept up his weight and general condition. Since then he has been continuously at work, and has added to his clerkship the conducting of a successful business. He has rigidly maintained the principles of open-air life and the régime of the Hospital, and is now in excellent health.

Case of P. M.—Kitchenmaid, aged twenty-four, was admitted into Hospital in December 1898, with a history of "inflammation of the lungs" of four years' standing. She had been treated in a general hospital. There was great loss of appetite and dyspnœa, and she had lost much weight. There was abundant evidence of advanced bilateral disease. During a stay of nine weeks the disease was apparently arrested, and the patient improved so much in general condition that she was able to take the situation of cook at the Hospital, which post she only gave up after a year's work, owing to family circumstances. She has kept strong and well ever since.

Case of R. I.—Clerk, aged twenty-two, was admitted into Hospital in February 1899, with a history of recurrent "colds in chest" for five years, and for four months a continuous "bad spit." One of the patient's sisters had died of phthisis. On admission, the patient complained of occasional stabbing pains in the chest, and almost total loss of appetite. His weight was 9 st. 7 lb. On examination, the patient showed a narrow flat chest, with widespread signs of disease in both lungs. Tubercle bacilli were numerous in the expectoration. During residence in the Victoria Hospital the chest condition improved very much, the signs of moisture disappearing. The patient's general condition also greatly improved, and he gained 12 lb. weight. The patient lives always on open-air lines, and has kept strong and well ever since.

Case of D. A.—Draper, aged eighteen, was admitted into Hospital in November 1900, with a history of cough and spit for seventeen months. An elder brother had had phthisis for two years. Patient complained of a hacking cough, with a spit occasionally tinged with blood, and frequent sharp pains. The patient presented evidence of bilateral disease, with excavation. Tubercle bacilli were numerous in the sputum. During the patient's residence of six and a half months, the evidence of active disease gradually lessened, till the disease became arrested. His general condition was immensely better, 19 lb. weight being gained. The patient, who has always kept up the open-air life, looks and feels in splendid condition, after continuous work for nearly three years.

Case of G. J.—A mason, aged 36, was admitted into Hospital in May 1901, with a history of cough continuing since an attack of influenza two and a half years before. The cough had got worse, patient had lost flesh and appetite, and had not been working for nine months, during which time he began to attend the Victoria Dispensary, and to improve somewhat before admission. One brother of the patient had died ten years before of phthisis. The patient showed great wasting, and abundant evidence of

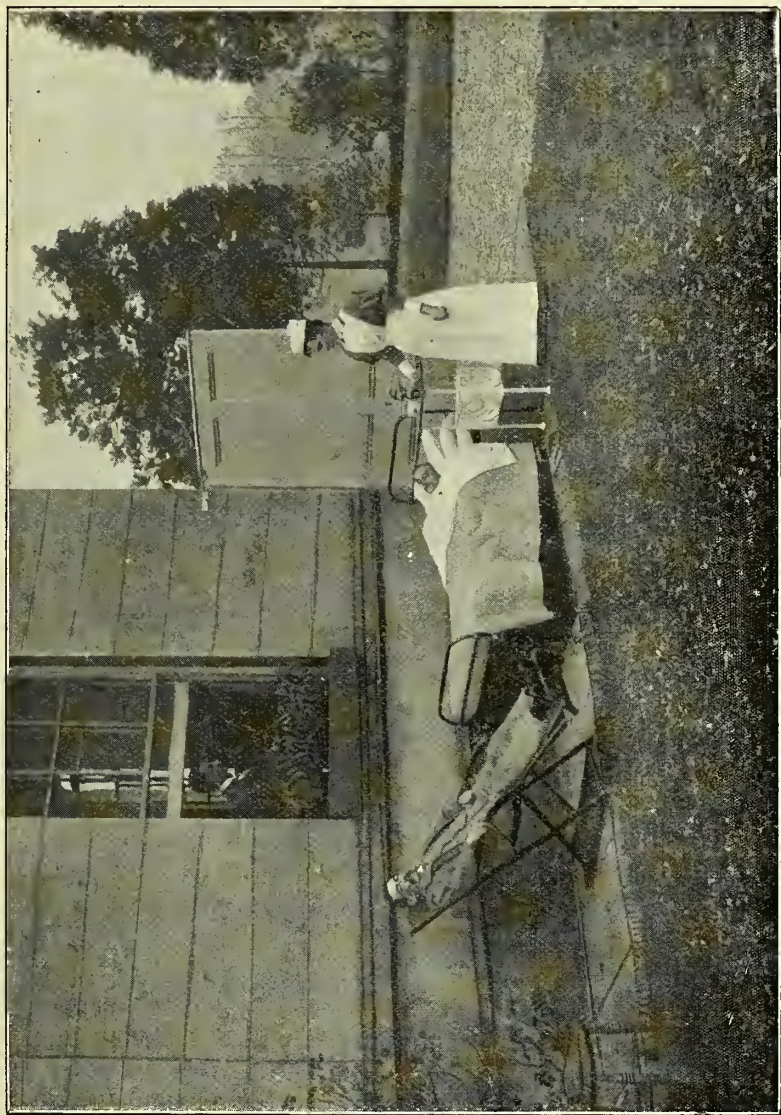
lung affection. Tubercle bacilli were found in the sputum. The patient was in Hospital for four months, during which time he put on 20 lb. weight, and improved extremely in general condition. All evidence of moisture disappeared from the chest. The patient changed his occupation to that of a cable car driver, and has been at work for two years without losing a day from ill-health.

Case of F. J.—A commercial traveller, aged forty-two, was admitted into hospital as a “visitant” patient in January 1902, with a history of “pleurisy” seven years before, and recently of continuous cough and spit for nine months. He had been so ill that he could hardly get out of, and into, bed. Patient had severe cough and spit, and pain. On examination—pulse very rapid and feeble, and there was widespread evidence of lung disease on both sides. Constitutionally he was greatly reduced. The patient improved in most remarkable fashion, and has continued to do so ever since. He put on 53 lb. weight during treatment. Of this, he has dropped a few pounds in the past year, during which time he has been steadily engaged in a long day’s work (6 a.m. to 8 p.m.) as bath attendant at the Hospital—at once a guide and object lesson to the rest of the patients.

OUT-PATIENT DEPARTMENT.

THE following cases, taken at random from the note-book of the Assistant Medical Officer, serve to illustrate the nature of this department of the work:—

Case of E. F.—Married woman, aged thirty-five. This patient visited the Dispensary, and was then discovered to be in such an advanced stage of phthisis that she was ordered home to bed. I subsequently visited her there, and continued doing so till her death. I have seldom visited such a filthy, desolate house. It consisted of one room, situated in a court in one of the slums of the city. In this room were the patient, her husband, and child.



CONTINUOUS OPEN-AIR TREATMENT FOR PATIENT CONFINED TO BED.

Want was painfully apparent everywhere, the only furniture in the room being the bed upon which patient lay, a make-down (which appeared to consist of rags) for the child, a table, and a broken-down chair—everything else had been parted with. The husband was a drunkard out of work. The patient lay in bed, too weak to rise, and was in the greatest discomfort, her breath being painfully short and difficult, her cough constant. At the head of the bed on the floor stood a pail, into which she made feeble attempts to expectorate. Owing to her weakness the expectoration was all over the bedclothes, the floor, and the wall. Nursing she had had none, save what her child (aged six) could give her. The only food I saw was a dry scone and a fragment of a loaf. I immediately advised our nurse of the case, and directed her to visit the patient daily, and do all in her power to help her. We supplied her with bed clothing, etc., and with food more suitable for an invalid, and altogether were able to relieve her suffering and add to her comfort very materially during the short period till her death.

Case of W. B.—Single, aged twenty-nine. This patient was a discharged soldier, and had been through the siege of Ladysmith. His health never got over the privations of the siege and the rigours of the campaign which followed, and he was discharged from the army suffering from pulmonary tuberculosis. For several months he attended the Dispensary from time to time, but for the last few months of his life he was confined to bed, and I visited him at his house. He lived in an attic at the head of an insanitary stair in the West Port. Though means were very scanty, the room was kept scrupulously clean, the skylights always open, and his mother, who tended him most devotedly throughout his illness, was most particular in carrying out all my instructions. Expectoration was carefully disposed of, medicine regularly given, and altogether the mother took an intelligent interest in implicitly following directions. His condition gradually got worse, the cough more persistent, and the weakness most trying, until death brought a happy release. This was one of the best types of my patients.

Since his death I have seen one of his brothers, who is suffering from early phthisis, showing how, in spite of care cleanliness, and abundant fresh air, this deadly disease spreads wherever there is poor diet and confined space.

SAMARITAN WORK.

Case of W. B.—A lad, aged twenty. Van driver to a large firm in town. This patient lived in a sunk flat in the south side. In the room in which he lay his father had died of consumption some twelve months' previously. The rooms were large and clean, but sunlight never penetrated to them, and ventilation was very defective. The mother supported her family (of three), by going out to wash and char, so that food was neither abundant nor of a kind suited for an invalid's appetite. The patient had to shift for himself during the day when his mother was out working. The Samaritan Committee took up the case, and their care and attention helped matters very considerably.

Case of J. M'E.—Girl, aged twenty-one. This girl came under notice only a few weeks before her death. She lived with a sister in a large airy room in one of the poorer parts of the city. Owing to the very advanced stage of her illness, the sister had to leave off her work in order to nurse her. Consequently they were in great poverty. The house was beautifully clean, the window constantly open. The case was taken up by one of the Samaritan Committee. With her kind and practical help, and the daily ministrations of the nurse, everything was done to ensure the patient's comfort. The cough was most harassing, perspiration constant, and weakness very distressing. Thanks, however, to the help thus obtained, the girl's last days were helped and lightened in a wonderful way.

ABSTRACT OF THE CLERK AND TREASURER'S ACCOUNTS, from 31st March 1904 to 31st March 1905.

I.—ORDINARY INCOME AND EXPENDITURE ACCOUNT.

INCOME.

I. Revenue received—

1. Subscriptions and Donations—		
(1) Per Treasurer, as on p. 34	£598	12 11
(2) Per Lady Collectors in Edinburgh and Leith, as on p. 48 . . . £955	18	4
(3) Per Public Works, as on p. 49	130	10 9
(4) Per Lady Collectors in Country Districts, as on p. 76 . . .	1,086	9 1
(5) Per Sunday Schools, as on p. 77 . . .	1,299	17 4
(6) Per Collecting Boxes, as on p. 77 . . .	99	8 9
	<u>£3,091</u>	<u>0 10</u>

2. Contributions from Patients towards Maintenance

3. Dividends and Interest received . . .	738	13 6
4. Miscellaneous . . .	83	15 6
	104	4 1
	<u>£4,017</u>	<u>13 11</u>

Excess of Ordinary Expenditure over Income, carried to Extraordinary Account

1,756 15 11

EXPENDITURE.

I. Payments in connection with the Hospital—

1. Provisions . . .	£2,525	9 7
2. Salaries and Allowances to Resident Staff . . .	290	13 2
3. Servants' Wages . . .	274	12 5
4. Rates, Taxes, and Insurance . . .	151	15 8
5. Heating and Lighting . . .	373	13 2
6. Furnishings and Repairs . . .	388	0 6
7. Medicines and Medical Appliances, including Expenses of Laboratory, £55, 2s. 6d. . .	341	2 5
8. Up-keep of Grounds . . .	153	12 3
9. Matron's Sundries . . .	17	19 7
	<u>£4,516</u>	<u>8 9</u>

II. Payments in connection with the Dispensary—

1. Rent, Rates, and Taxes . . .	£51	4 3
2. Salary to Medical Assistant . . .	60	0 0
3. Nurse's Salary . . .	21	2 0
4. Coals and Gas . . .	9	1 7
5. Furnishings and Repairs . . .	1	7 6
6. Caretaker's Wages . . .	47	15 0
7. Medicines and Medical Appliances . . .	309	10 11
8. Caretaker's Sundries, . . .	18	19 7

III. Interest Paid on Heritable Loan

214 4 6

IV. Printing, Stationery, and Advertising

179 19 10

V. Commission and Expenses of Organising Secretary, including Travelling Expenses

211 17 3

VI. Expenses of Management and Auditor's Fee, £10, 10s.

110 10 0

VII. Postages and Miscellaneous Payments

22 8 8

£5,774 9 10

II.—EXTRAORDINARY ACCOUNT.

CHARGE.

Funds as at 31st March 1904 £3,049 0 3

Legacies received—

Miss Jane Kirkpatrick, Moray
Place, per Messrs. M'Kenzie
& Kermack, W.S. . . . £1,000 0 0
Mrs. Jane Ann Ritchie, 88 Ferry
Road 25 0 0

Donations received in answer to Special
Appeals £2,548 19 6
Less—Expenses 110 9 2

2,438 10 4

DISCHARGE.

Payments in connection with the Extension Scheme . . £1,152 10 0
Note.—The total Payments made to date on account of
the New Buildings amount to £11,608, 7s. 8d.

Excess of Expenditure over Income, as per Income
and Expenditure Account 1,756 15 11

Funds as at 31st March 1904—

- (1) £1360 3¼% Deb. Stock of the National
Telephone Company at cost . . £1,479 14 0
- (2) Balance on Account Current with the
Commercial Bank of Scotland . . 141 13 8
- (3) Balance in hands of Matron for Expenses . . 25 0 0
- (4) Excess of sums received over payments
made, applicable to the year, and
included in above . . . 1,957 7 6

Deduct—Cash due to the Clerk and
Treasurer 3,603 15 2

0 10 6

3,603 4 8

£6,512 10 7

£6,512 10 7

EDINBURGH, 15th June 1905.—I have examined the Accounts of the Intronnissions of the Clerk and Treasurer of the ROYAL VICTORIA HOSPITAL FOR CONSUMPTION for the year ending 31st March 1905, of which the above is an Abstract, and have found them correct.

EDWARD BOYD, C.A., Auditor.

NOTE OF ENDOWMENTS.

"Howard Graham Usher Bed"	£1,000 0 0
Donation from the late Julius H. Beilby, Esq., the Income available for Ordinary Expenditure	500 0 0
"George Vallance Bruce Bed"	1,000 0 0
"W. E. Miller Bed," £1,000, less Duty	909 6 8
"Sir A. and Lady Oliver Riddell Bed"	1,000 0 0
	<u>£4,409 6 8</u>

REPORT of the Annual Meeting, held within the Hospital Grounds, on Wednesday, 31st May 1905, at 3.30 p.m.

THE ANNUAL MEETING of this Institution was held in perfect weather in a large marquee within the ground, at Craighleith, on Wednesday afternoon, 31st May 1905. There was a large and influential attendance, many ladies being present. Sir Alexander Christison, Bart., occupied the chair, and the platform company included—The Earl of Aberdeen; The President of the Royal College of Physicians (Dr. Playfair); Professor Chiene, C.B.; Councillor Gibson, Convener of Public Health Committee; the Rev. Dr. Williamson; the Rev. John Kelman; the Rev. Canon Ellis; Sir Arthur Mitchell, K.C.B.; Dr. R. W. Philip; Sir A. Oliver Riddell; Mr. Edward Bruce, Lord Dean of Guild; Brigade Surgeon Lieutenant-Colonel James Arnott, M.D.; Mr. Arthur Alison, advocate; Mr. Robert Procter, Alloa; Mr. Stewart Clark, Dundas Castle; Mr. John Bruce, of Sumburgh; Mr. W. G. Sinclair; Mr. L. A. Guthrie, W.S., Honorary Secretary; and Mr. Norman Cairns, C.A., Clerk and Treasurer, etc.

The CHAIRMAN, in opening the proceedings, said: "Though it is not intended to-day that the adoption of the Annual Report of the Royal Victoria Hospital for Consumption should be moved by the President, I should like, with your permission, to introduce the subject to your notice in a few words. It is scarcely necessary in the present day to enlarge upon the prevalence of Consumption, or upon the system of cure followed here, and in other hospitals for the purpose, for the facts as to these have been prominently set forth all over this country. But, coming to this Hospital itself, I should like to point out how, from a small beginning in the year 1887, the Committee has step by step come into possession of these beautiful and highly suitable grounds. It was founded by one or two persons, as a humble and loyal memorial of Queen Victoria's first Jubilee, in a small flat in Bank Street, the scheme including a Dispensary, the treatment of cases at their own homes, the distribution of printed leaflets, a Hospital for curative treatment, and an Asylum for advanced cases.

"In 1891 the Dispensary was removed to commodious premises in Lauriston Place, and the attendance then, and since, has been large. The open-air treatment was commenced when the Committee became sub-tenants of Craighleith House in 1894, and the property, including 16 acres of ground, was acquired in 1898 for £17,000, which was considered a very good bargain for land so near the city.

"Construction and development went on, and a very marked stage was reached when the three new Pavilions were opened by

Lord Rosebery, on 15th July 1903, in presence of a large and representative gathering, presided over by Lord Provost Sir James Steel,—a very interesting and successful day, as is no doubt remembered by a good many here present. Since then the work has steadily continued, and a large amount of relief has been afforded, but by no means have all the urgent claims been met. We are hampered by the want of an administrative block, kitchen, etc.; by a serious inadequacy of funds for annual upkeep. There has been most generous support, and we are confident of still larger aid. The Committee are looking forward to the Bazaar in November next, which has aroused the interest and the active support of a great many people, to provide funds for the above purposes, and for endowment. We will be thankful also for new and increased annual subscriptions. There is always opportunity for any donor to present a Pavilion, following the example of Mr. Wm. Younger, M.P., who generously gifted one of the Pavilions.

“I should like to bring to your notice the great honour conferred by His Majesty the King on the Institution by giving us his patronage, and permitting us to call the Institution ‘The Royal Victoria Hospital.’” (Applause.)

Mr. L. A. GUTHRIE, W.S., the Hon. Secretary, at this stage submitted the Fifteenth Annual Report (*vide* p. 7).

The EARL OF ABERDEEN said: “Coming from a Church Court—the General Assembly of the Church of Scotland—into these delightful surroundings is indeed like coming into a veritable Garden of Eden. This Garden of Eden, I hope, will always remain like what it is. There is a good story of a little girl who had had the original Garden of Eden described to her in glowing terms by her mother. ‘Yes,’ said the little girl in reply; ‘it must have been lovely, but now I suppose it is all built over’ (laughter). Well, I hope there is no danger of this garden being built over save by those additional pavilions and other buildings which are so much needed to carry on efficiently the work of this Institution.

“Many considerations crowd upon one’s mind when one contemplates the far-reaching character and many-sided benefits of such a work as is done here. They are so numerous that I think I had better endeavour in some degree to classify these considerations. There are three points of view from which I would venture to look at this work. It appeals to us, first, from the patriotic and national point of view; then from the scientific point of view; and, last but not least, it appeals to us on moral and religious grounds. On looking at the programme I find that those who arranged for the speaking on the first resolution must have had some idea of this kind in view. The first speaker may be said to represent the general public—the man on the street, because he has no scientific knowledge on this particular subject. But he is to be followed by one well able to speak in the name of science; and he, again, will be followed by one who belongs to the great profession of the

Christian ministry. The scientific and the religious aspect of the case will no doubt be presented to you by these two speakers.

"Well, now, as to the first ground. Patriotism!—that is a word which is not always used in a strictly accurate sense, but, in appealing to it here I think we are on safe ground. We should not like this country to be behind in a great work of this kind. Edinburgh—or perhaps I should say Scotland—had, through this Institution, the great privilege of being among the earliest to move in this matter. Other countries have also been bestirring themselves—the United States, for example, and Germany, and some of the other countries on the continent of Europe. From the practical point of view this matter is of the greatest importance to the country, and to the race itself. It is important that the people of this country should be strong and healthy. The fighting of consumption has therefore a real practical side for the nation.

"As to the scientific aspect of the case, this fell disease, through the progress of medical science, is no longer considered incurable. For long it had been thought to be incurable. Now you see from the report of this and similar institutions what is being done to combat it. The great attention the subject is receiving from the most eminent men in the medical profession is a guarantee of further progress. (Applause.)

"It also claims our sympathy on broad humanitarian lines. There is no true religion without practical sympathy; and surely we have, in the work being done in this Hospital, a cause calculated to evoke our warmest sympathy.

"I cordially endorse what the Chairman has said as to our indebtedness to His Majesty for permitting us to use the word 'Royal' in the title of this Hospital. We know well how His Majesty and his gracious Consort have identified themselves with public life. We also know that the claims of hospitals for suffering humanity have ever received from their Majesties the warmest support. I hope that noble example will be followed by the people of this country.

"I think I may sum up my observations on this matter by saying that a work with such far-reaching beneficent effects, which brings life and hope to many a sufferer, and joy to so many a home, is one which has peculiarly a demand upon our sympathy. I hope that there will be a fresh accession of support to the work. There will be a special opportunity of aiding the Institution at the great Bazaar in November. I hope the appeal then to be made will be responded to by the whole country, for this is a Scottish and national concern. (Applause.) The money which will then be raised will, I have no doubt, be expended in the same judicious and wise manner as has characterised the action of the Committee in the past. (Applause.) I have very much pleasure in moving the approval of the Report."

Professor CHIENE said: "I have to thank Lord Aberdeen for giving me my cue. I find myself sandwiched between the noble

Earl and my good friend, the Rev. Mr. Kelman. I gather, therefore, that Lord Aberdeen desires me to speak from the scientific point of view in regard to this great Institution. This Institution is in every sense a progressive one. You have only to compare the Report you have in your hands with that of last year to see that this is so. I looked over the Report of last year and I found that the writer of it had laid hold on three great facts with regard to the dreadful disease with which this Institution is endeavouring to cope, viz.: that it is a preventable disease; that it is a curable disease; and that it is an infectious disease. In this year's Report the Committee have passed from these three great facts, which, I believe, are now generally believed with regard to consumption.

"The first thing I notice is a heading, 'Contributing Patients,' and I observe that the management of this Institution say that a bed can be maintained by any donor on payment of a sum of £80 annually. You will see in the Report also, and I think it shows the wisdom of the management, that it is stipulated that the occupants of such beds are to conform in all respects to the ordinary regulations of the Hospital. This Hospital is for the sick poor, and you observe in a paragraph above the one I have alluded to that the management desire that patients in this Hospital should preserve their self-respect. Apparently, in hospitals generally, there is a danger that many people who cannot in any sense be called 'sick poor,' take advantage of them. I do not think that is true of this Institution. I sincerely trust that the Managers of this Institution will continue to do all they can to preserve that essential feature of the Scottish character, self-respect.

"I take for a moment another point, and would say I sincerely trust that this After-care Colony referred to will go on. I am glad to see the promise held out regarding it, that it is to be self-supporting, that it will not be a drag on the Hospital, as the Convalescent Home is on the Royal Infirmary. I echo the wish of the Report, that Dr. Philip may find some wealthy friend who will give him a piece of ground suitable for such a Colony. (Applause.) Dr. Philip is known for his organising power in the profession in Edinburgh, and I wish him all good luck in his endeavours to found this Colony.

"As regards the results of treatment, the word that strikes me in that paragraph is the word 'education.' I look upon this Institution as a great Educational Institution. (Applause.) I might call this Institution the Apostle of Fresh Air and of its two cousins, Sunlight and Cleanliness. This great fact is being taught by it to the public that with fresh air, with sunlight, and with cleanliness, you go a great way to preventing the bacilli of tubercle from attacking your tissues. I look upon the educational aspect of this Institution as of the greatest possible national value. If it teaches the Scottish people the one fact that their windows—their dayroom windows and their bedroom windows—should never be shut, it is doing a great deal to prevent patients being sent here.

"This year's Report and last year's Report have one thing in

common. In this year's, you have a reference to the 'Applications for Admission.' I prefer the words of the Report of last year, 'The Waiting List'—the long, sad wail of men and women weary with waiting to get into the Hospital. It is to get rid of that list that the Managers desire that these new pavilions should be founded. This weary waiting list is an evil, common to all charitable institutions. I would say to the Managers, and I say it with all humanity, that it would be a good thing if they had a rule that nobody was to be taken in here after he has been six months affected with this disease. I believe firmly that as long as the disease is a single disease with a single bacillus, much can be done. I think Dr. Philip will agree with me—for I have spoken to him on the subject—that when we have got what we scientific men call 'mixed infection,' when other organisms get in on the top of the first one, when to one evil spirit ten others enter, the state of that man is ten times worse than it was at first, and that little can be done for him. We want patients early, before other troubles have taken hold of them. Hence the urgent need of getting rid of that weary waiting list. I hope each one present will aid to the best of his ability Dr. Philip to get the money wanted for the new pavilions, and so to get rid of this waiting list. I wish to add one word more. One hears a great deal about medical tuberculosis, but I want to say a word about the need for surgical tuberculosis being treated outside the wards of a general hospital. There are many varieties of surgical tuberculosis in the bones and joints that would be infinitely better treated in this beautiful park than in the wards of the Royal Infirmary. Is there any one present who will put down the money and let one of the New Pavilions be for surgical tuberculosis? If he will do that he will confer a great boon upon suffering humanity." (Applause.)

The Rev. JOHN KELMAN, in support of the motion, said: "I wish very heartily indeed to congratulate the friends of this Institution upon the Report that has been put into your hands. All of us must have felt a thrill when we read the first paragraph about the word 'Royal' having been added to the title of this Institution during the past year. We have known of the shrewdness, and the tact and the sympathy of His Majesty, and a thing like this makes us feel how real a thing help is—help for those who need help, and where it is so well bestowed as in a place like this.

"What gives one special delight to-day in speaking here is this, that it is always a pleasure to speak in favour of something in which one believes without any kind of qualification. There are so many things and so many causes good in themselves which yet have some black spots in them, and it is difficult not to remember these and to qualify one's enthusiasm in speaking about them. But for the work that is done here I think all of us must feel that it is one of those things which, without any drawback, one can thank God for from beginning to end, in so far as it has yet gone or seems to be going. The helplessness of a minister in his church work is often

brought home to him when poor people in his congregation or their friends are struck down with this disease. I want to say that that is one of the reasons for my presence here to-day. I am very grateful, for I see in my own congregation those who are working for their families who, but for this place, would have been in their graves. It is that sort of thing that makes a minister thank God for the work done here.

"I can remember, and I daresay most of you can remember, what a great, a terrible thing, this consumption was, and still is, and the tremendous mortality from it. We are told in the Report that it is responsible for one-eighth of the deaths in this country.

"I suppose in a variable climate, such as ours, there will always be a tendency to chest diseases. But in the old view we simply bowed down. We regarded with a kind of fatalism the effect of consumption among us. We simply felt awed, and no man dared to lift his hand against it. Now a new hope has risen, and this disease has come to be regarded as one of those things which can be dealt with, as it is being dealt with, and hundreds of hearts are leaping with hope at the prospect of a permanent cure. That, I think, is one of the great things which those of us who can remember the past years can thank God for in the age in which we live. That new ideas are taking root among all classes, both as to the prevention and cure of this disease, is largely due to the work done in such Institutions as this, in connection with which the Committee are able to report a cure of something like twenty-five per cent. Now I think these are very hopeful statistics. And it has done more, for it has led to the treatment of other diseases by fresh air and light, two simple remedies which God has set around us, by those who will use them. Altogether we have in the Report an extremely valuable and useful set of statistics, especially those regarding the trades and geographical distribution of the patients. We can also approve of what is stated there in regard to the system of contribution, which is a sound financial system.

"And the far-seeing hints regarding selected work for those who have been sufferers, and the promise of an After-care Colony seem to me a proof that the report has been drawn up with singular ability and knowledge. I thank God for those who have wrought this great salvation in the land. I pray that God's blessing may rest on them in the coming year." (Applause.)

The resolution was put from the Chair and cordially passed.

The President of the Royal College of Physicians (Dr. PLAYFAIR) said: "My Lord Aberdeen, Ladies, and Gentlemen, I have been asked to move the following resolution:—

"That having regard to the frequency of Consumption, and its far-reaching and disastrous consequences, there is need for a powerful and well-directed organisation against it, and the Royal Victoria Hospital for Consumption having through its various departments proved itself of important service, the

maintenance and extension of the Hospital is a necessity and public duty.'

"We are all, I think, agreed as to 'the disastrous and far-reaching consequences of consumption.' Most of us, whether belonging to the medical profession or not, have had painful experience of the fatal working of that fell disease, if not happily amongst our own immediate connections, certainly in the families of our friends and acquaintances. In addition to our own personal experience, statistics in abundance could be quoted in support of the terms of the resolution I have just read, and much of what has been so well said in moving the adoption of the Report fully bears out the statement that the consequences of consumption are both 'far-reaching and disastrous.' I shall not weary nor detain the Meeting with quoting figures, but content myself with saying that in the United Kingdom 60,000 persons die annually from consumption, and that in Edinburgh alone the annual mortality reaches about 500.

"But, ladies and gentlemen, while the figures I have given tend to create a very dark picture in our imagination, there exists, I am glad to say, a much brighter aspect of the canvas. Consumption, although as we all know and feel is a dread enough disease, is not now regarded with the hopeless feeling that it was twenty or thirty years ago. Thanks to the indefatigable labours of the men in my profession who have given their attention to it, this malady, which has for so long been a scourge in our midst, has now been robbed of some at least of its terrors. With a better knowledge of the disease and its method of attack and mode of working, we are able to meet its inroads, and even to vanquish it entirely. I could easily give you figures in support of my contention, but will refrain from doing so, and will simply state that within the last fifty years the mortality from consumption in Great Britain has fallen some fifty per cent., and that in Edinburgh, even within the last ten years, the mortality has fallen considerably, and more in proportion than the mortality from fevers.

"Well, ladies and gentlemen, it is in large measure through the instrumentality of the Royal Victoria Hospital for Consumption and kindred Institutions that such a desirable state of matters has been brought about, and it is to such Institutions we must look for further progress against the ravages of consumption, and its final expulsion from our midst. It is no vain hope this. When we look back upon what has been done within the last twenty years, and what is still being done by men like the able medical specialists at the head of this Institution, to grapple with and overthrow this death-dealing enemy, we are amply justified in our hope that consumption will yet be one of the most curable of diseases, and will yet be as rare as it is now common in the community.

"But, ladies and gentlemen, if the struggle against consumption is to go on with anything like good prospects of success, we must supply the sinews of war, and the Annual Report which is now in

your hands, or will soon be, shows how much the sinews of war are needed. Year after year I am afraid that Report, while it shows how much is being done, and splendidly done, by the Royal Victoria Hospital and its auxiliary, the Dispensary and Out-patient Department, also indicates, in its financial part, a decided inability of income to meet expenditure; and not only that, it declares in no uncertain terms how much more could be done were increased means placed at the disposal of those who so ably direct the affairs of this most deserving and valuable Institution.

"I spoke of the Dispensary and Out-patient Department as an 'auxiliary' of the Royal Victoria Hospital. But, ladies and gentlemen, I think I might have more properly designated it the *parent* of the Royal Victoria Hospital. It has carried on, and is still carrying on, an immense amount of valuable work in the direction of the cure and prevention of consumption. When I tell you that at the Dispensary there were during last year over 17,000 attendances of patients, either threatened with or suffering from tubercular disease, I need scarcely say more in support of the claims of this most valuable department. But I would like to remind you that, attached to the Out-patient Department, are a medical officer and one of the Royal Victoria Hospital nurses, who visit patients at their own homes, and not only prescribe treatment for them, but instruct them in the methods and appliances now adopted for the prevention of tubercular disease by infection. To my mind that is one of the most valuable uses of this Institution. While there is need, and great need, for more beds in the Hospital, as is evidenced by the long and pathetic list of waiting patients on the books of the Hospital, and great need also for improvements in the administrative block, including better accommodation for the nurses, the Dispensary and Out-patient Department have very strong claims on your liberality. The patient may not, and cannot reasonably, be so well treated by this Department as in the beautiful wards of the Hospital, but an immense deal is done by it to prevent the spread of the disease, and the gain to the community at large from that can scarcely be over-estimated.

"One word more in support, and in explanation of what is termed in the Report the 'After-care Colony,' which is earnestly desired, and I think rightly so, as an adjunct to this Institution. To the medical officers, and indeed to all interested in, and who are familiar with, the working of a Consumptive Sanatorium such as this, the after-history of the patients who pass out of the Institution cured or apparently cured is always a matter of great interest, and I think I am right in saying, also, often of no little anxiety. Where there are so many applicants for admission, it is impossible to keep the patients as long under treatment and supervision as sometimes seems desirable. Or, it is felt that the patient, although apparently cured, is not fit to return to the strain of ordinary life, and possibly also to his not very healthy surroundings. Well, ladies and gentlemen, the After-Colony is wanted for these patients—a place in the country in a breezy and healthy situation, where out-

door work can be done in the midst of health-giving and cheerful surroundings, and where the last seeds of the disease can certainly be killed out, and the whole system braced up to resist any further attack. No better outlet could be conceived for a generous philanthropy than the provision of such an addition to the Royal Victoria Hospital, and I heartily commend it to your notice, along with the other pressing and important claims of the Institution." (Applause.)

Councillor GIBSON, Convener of the Public Health Committee of Edinburgh, in seconding the motion, said: "The resolution has been so ably proposed by Dr. Playfair, that I need add very little indeed. As a matter of fact this is the first public appearance I have made in the capacity of Chairman of the Public Health Committee of the city. I have, however, taken a great interest in this subject for many years, and I should like to bear my testimony to the valuable services which were rendered to the cause of the treatment of consumption by the two deceased Conveners of that Committee, viz. the late Bailie Pollard and the late Bailie Lang Todd. Both earnestly desired that greater attention should be paid to the treatment and cure of this disease.

"Public attention has been called very clearly to this form of disease, and I am very glad to find that public opinion has been roused to take an interest in everything concerning consumption. This Hospital is doing very noble work indeed, and I wish it every success. It requires further extension, and I believe the event at the end of the year, to which we are all looking forward, will give a fresh impetus to the whole question. I believe there is still one thing needed in Edinburgh in this connection, and that is the provision of a hospital for the worst, *i.e.* advanced, cases of consumption. The Town Council of Edinburgh have had this subject before them for some years. They are unanimous upon the necessity of providing such a hospital. It only remains for them to see whether the public will support them in the expenditure which will be involved in carrying out such a scheme. I am confident that, if the matter is properly brought before the community, no long time will elapse before such provision will be made, and the Health Committee of Edinburgh enabled to deal with this disease in a more drastic manner than they are able to do at present." (Applause.)

The Rev. Canon ELLIS supported the motion, and said, "I am here this afternoon chiefly because I desire to bear testimony to the great kindness I have always received when I have approached the Royal Victoria Hospital on behalf of members of my own congregation, or others in whom I have been interested, and also to bear testimony to the blessing that this Hospital has been to those who, to my own knowledge, have enjoyed its benefits. I have at the present moment in my eye the case of a young man who owes, under God, the health he now enjoys to the treatment

he received in this Hospital. If I remember rightly it was some years ago, very shortly after the Hospital had been opened. The young man was obliged to give up his occupation, and, to me, it seemed as if he had not long to live. He was brought to this Hospital, and the treatment he received here, and the weeks he spent afterwards in the country, made a wonderful improvement upon him. He was able to resume his occupation, and, from that time to the present, he has followed his occupation without cessation. That is only one among many instances I have known, which testify to the beneficent results of the methods adopted in this Hospital. I conceive that the work carried on here is a work, the effects of which are so far-reaching that it is impossible to over-estimate its importance. The work impresses us not only on account of what it does for the sufferers themselves, but also on its educative side, as has been so well described by Professor Chiene; and that will in time, we hope, bear fruit in the prevention of that disease which has been so terrible a scourge to our country.

"Lord Aberdeen has spoken of the religious side of this work. Well, I am not going to preach a sermon, but perhaps I may be allowed to point out that such hospitals as this have followed in the wake of Christianity. I ask you what are our infirmaries, our charitable institutions, but some of the fruits of the work of Christ? They did not exist before Christianity. The Jews had their cities of refuge for the man-slayer, but they had not hospitals for the leper. Christianity has bound man to man by a stronger tie than ever existed before, and Infirmaries and such Institutions have followed in the wake of Christianity. And so whenever there is suffering, where there is disease, and sad hearts to comfort, there is our work as Christians; and we have to thank God that men and women come forward to carry on this beneficent work. Christ is still upon the earth, acting, not directly, but through the instrumentality of those of us who carry on His work—our physicians, our surgeons, our nurses, the members of our Samaritan Societies, and all others who give themselves to this noble service. We have in this city our noble Royal Infirmary, we have the Sick Children's Hospital, and we have the Royal Victoria Hospital for Consumption. Well, these do not over-lap. They do not trench on each other's province. Each has its own work to do, and let me say that all need the support of the public, if they are to carry on their work in a thorough manner.

"There is something very pathetic in that paragraph of the Report which tells us that the Hospital is far too small for the work it might do, and that there is an urgent demand for its extension. Professor Chiene has referred to what he called the 'weary waiting list'—waiting with that hope deferred which maketh the heart sick. Well, let us hope that the results of the Bazaar, to be held in the Waverley Market next November, will be such that the Committee will be enabled to carry out the building extensions of this Hospital (applause), and so enable it to overtake the great work waiting for it to do.

"This resolution, which I am called upon to support, declares that the maintenance and extension of this Hospital is a necessity and a public duty. May I add a word to that? I feel it is not only a great duty but a great privilege. It appeals to the very highest of all motives—the constraining influence of the love of Christ. Christ values the suffering members of His body, and says to you and to me, that what we do for the least member of His suffering body is done unto Himself. 'Inasmuch as ye have done it unto one of the least of these My brethren, ye have done it unto Me.'" (Applause.)

The resolution was also put to the meeting and cordially adopted.

Mr. ARTHUR ALISON moved the next resolution :—

"That best thanks be accorded to the Committee of Management, the Samaritan Committee, the Medical Staff, the Lady Collectors, and the Visitant Clergy for their valuable services ; and that the following be the Committee of Management for the coming year :—Sir ALEX. CHRISTISON, Bart. (*President*) ; Sir ALEX. KINLOCH (*Vice-President*) ; Brigade Surgeon Lieut.-Colonel JAMES ARNOTT, M.D. ; EDWARD BRUCE, Esq. (Lord Dean of Guild) ; CHARLES COOK, Esq., W.S. ; Sheriff GUTHRIE, K.C. ; GEORGE A. CLARK HUTCHISON, Esq., Advocate ; Sir ARTHUR MITCHELL, K.C.B. ; JAMES MYLNE, Esq., W.S. ; R. W. PHILIP, Esq., M.D., F.R.C.P. ; Sir A. OLIVER RIDDELL ; R. R. SIMPSON, Esq., W.S. ; and WILLIAM YOUNGER, Esq., M.P."

"I have been asked," he said, "to move this resolution in the unavoidable absence of Sir John Batty Tuke, M.P. It is more or less of a formal nature, and does not require a speech in support of it. The objects of the Institution, and the great claims it has upon the public, have been well set forth by the speakers who have already addressed you, and I shall therefore say nothing on the general subject. My motion has to do with the machinery by means of which the great objects that we have in view are to be carried out. It is needful that your machinery should be in good order, and that it should be kept in good order. This motion is needed to carry out the previous resolutions, which you have heard so well supported. The objects of the Institution are such as to be looked upon with the greatest favour by us all, but the important question is, How are these objects to be accomplished? That has to be done by the Committee of Management, the Samaritan Committee, the Medical Staff, the Lady Collectors, and the Visitant Clergy. These are the instruments for carrying out the excellent objects which we all have in view, and I think it is impossible for us to realise adequately the amount of difficulty which is connected with the performance of the duties of your Committee of Management here. They have most anxious work to do. Great difficulties and obstructions of every kind come in the way of carrying on the work of such an Institution as this, and I think the least thing we

can do is to give them our very best thanks. The same observation applies to the Samaritan Committee, to the Lady Collectors, and to the Medical Staff. (Applause.) We cannot thank too cordially the medical men for the amount of professional skill and the amount of time and anxious care which they bestow upon the interests of this Institution. The Lady Collectors also must not be kept out of view, for their work is often of a thankless kind. They meet with many disappointments and rebuffs, and they are poorly recompensed by our thanks. The list I have read contains the names of gentlemen well known, and I do not think we can do better than intrust the care of the Institution to their charge." (Applause.)

Mr. STEWART CLARK, Dundas Castle, seconded the resolution, and said: "I have been connected with Infirmaries and other Institutions for the best part of half a century. I have myself been a Director, and I can well understand the great trouble and labour there is connected with the good management of an Institution such as this. It requires great labour and a great deal of care, but, above all, it requires men who are able and willing to work to collect the necessary funds for the Institution. I am sorry to see that an Institution like this is in debt, but I trust that the effort that is to be made this year on its behalf will be very successful, and that men may be found to put their hands in their pockets to aid it. I sympathise deeply with the Lady Collectors, who have a very thankless task. But it is a noble work in which they are engaged, and if they do get many rebuffs, let them comfort themselves that it is in a good cause." (Applause.)

This resolution was also passed.

Sir OLIVER RIDDELL moved a vote of thanks to the Chairman, and the proceedings, which had throughout been of an interesting nature, came to a close.

Rules for Consumptive Patients and Those Looking after Them.

(As issued to Out-Patients at the Royal Victoria Hospital.)

Consumption is a communicable disease. It may pass from person to person. It may pass from one lung to the other, or from one organ to another.

The chief source of infection is the expectoration of the consumptive. The great danger lies in the drying of the expectoration, and the blowing about of the dried infectious material.

The spread of consumption can be largely prevented. *If the succeeding directions be obeyed, there need be no serious danger in ordinary intercourse with patients. The breath of the consumptive is not directly infectious.*

The patient should expectorate into a jar or cup containing a tablespoonful of carbolic acid (1 to 20) or other disinfectant.

The vessel should be changed once in twelve hours, or oftener. It should be cleansed by being filled up with *boiling* water. The combined contents should be poured down the w.c. The vessel should then be washed with *boiling* water.

When the patient is out of doors, he should carry a pocket spitting flask (such as the Royal Victoria Hospital model). The flask should be used and cleansed like the jar. The patient should never spit on the streets.

The patient should not use handkerchiefs for expectoration. If this ever has to be done, the handkerchief should be of an inexpensive material, that it may be burned after use. Squares of rag or paper, which may be used for convenience, should be similarly treated.

The expectoration should on no account be swallowed, for thereby the disease may pass to other organs.

Consumptive patients should avoid kissing.

Consumptive mothers should not suckle.

Patients with pronounced disease should have special table utensils.

If expectoration has been accidentally deposited on the floor or other object, it should be wiped up and burned, and the surface of the object cleansed with strong antiseptic.

Rooms which have been long occupied by a consumptive patient should, before occupation by someone else, be carefully disinfected, as after other infectious disease.

FRESH AIR is the *food of the lungs*. Therefore, see that the lungs be not starved.

A.—By Day.—The patient should occupy as airy a room as possible. It must be scrupulously dry, and preferably removed from the ground. *The window should be freely open.* When able, the patient should be out of doors once or several times during the day. He must *avoid over-effort*, and damp, or chill, which would counteract the benefit.

B.—By Night.—He should sleep alone. The bedroom should be large and airy. *The window should be kept freely open in all weathers.*

Copies of these, on card, can be had for distribution, price 2s. 6d. per 100, on application to the Physician, Royal Victoria Hospital for Consumption, Craigleith, Edinburgh.

Regulations for the Admission of Patients.

1. The Royal Victoria Hospital is founded for the treatment of patients suffering from Consumption, who are in necessitous circumstances.

2. No patient whose household is in receipt of Parish Assistance shall be considered eligible for admission.

3. Patients will be admitted to indoor treatment, only if the Physician is satisfied that the case may reasonably be expected to benefit thereby.

4. Subject to the above restrictions, patients will be received in order of application, according as vacancies may occur.

5. A small number of beds is available for patients able to contribute £1, 1s. weekly towards the cost of maintenance. Patients will be admitted on this basis strictly in order of application, and only on condition that they can contribute the weekly sum for four months, should residence for that period be deemed desirable by the Physician.

6. The length of residence in hospital will depend on the nature of the case. With regard to this the Physician shall be the judge.

7. No case shall be admitted twice within one year.

8. In entering the Hospital, patients agree to conform rigidly to the Rules of the Institution. No patient shall be readmitted if he has once been discharged for breach of Rules.

9. Applications for admission should be made directly at the Out-Patient Department, 26 Lauriston Place, or by letter, addressed to the Clerk and Treasurer, Mr. NORMAN CAIRNS, C.A., 4A St. Andrew Square, Edinburgh.

OUT-PATIENT DEPARTMENT,

26 LAURISTON PLACE.

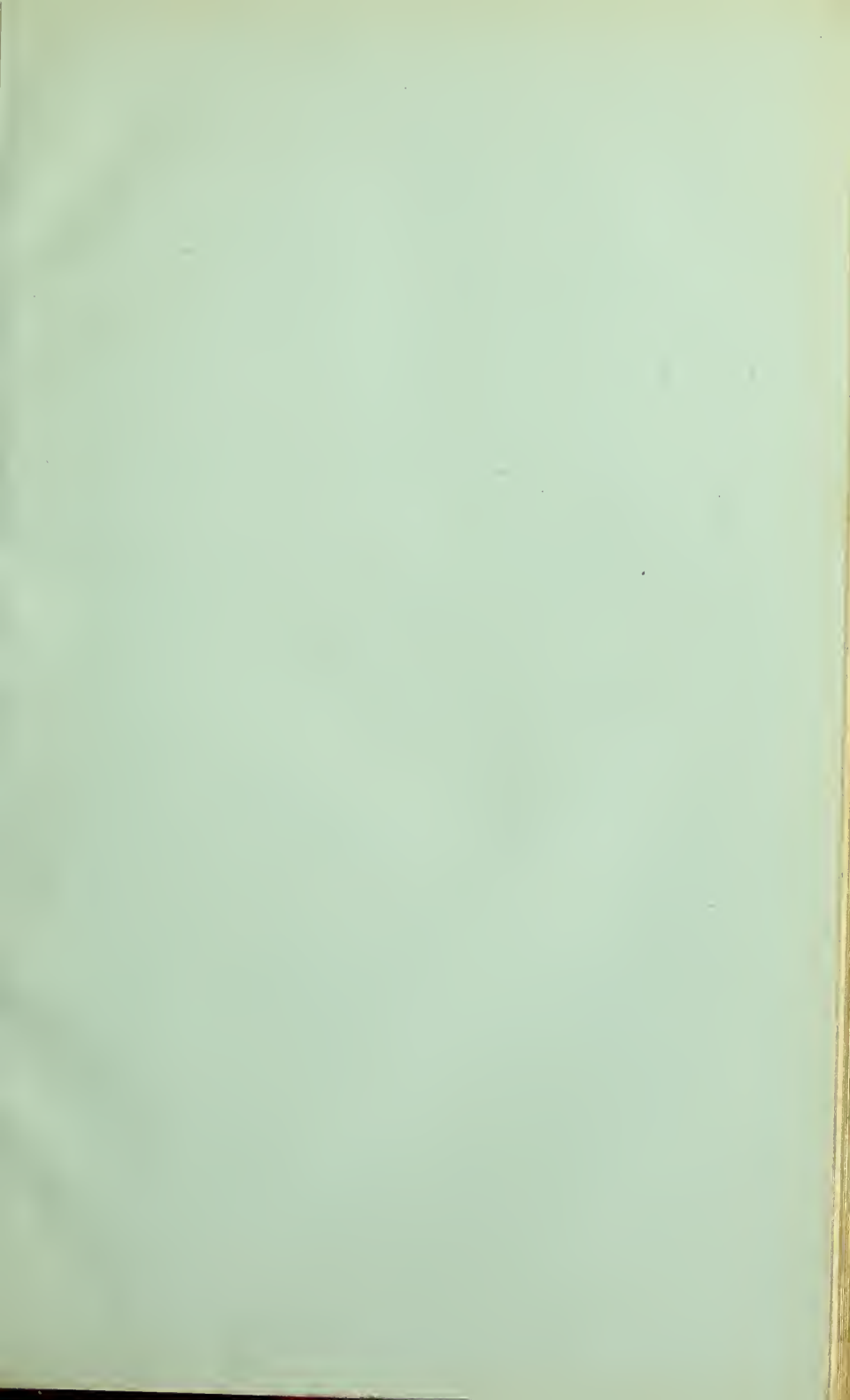
1. The Out-Patient Department is open for consultation to all necessitous patients suffering from Consumption or Diseases of the Chest, on Mondays, Wednesdays, and Fridays, at 3 p.m.

2. Medicines are dispensed *gratis* only to such patients as the Physician ascertains to be in need of such further assistance. A formal charge of One Penny will be made for each prescription so dispensed.

3. Patients shall not receive advice or medicines unless they attend punctually at the appointed hours, which are indicated on the Prescription Form.

The above Regulations are subject to alteration by the Acting Committee.

July 1905.



THE OUT-PATIENT DEPARTMENT, 26 LAURISTON PLACE, is open for the Reception of Patients on MONDAYS, WEDNESDAYS, and FRIDAYS, from 3 to 4 p.m.; and for the Dispensing of Medicines Daily (except Sunday), from 10 to 10.30 a.m., and on Mondays, Wednesdays, and Fridays, from 6 to 6.30 p.m.



THE ROYAL VICTORIA HOSPITAL FOR CONSUMPTION EDINBURGH



SIXTEENTH ANNUAL REPORT (1905-1906)

Patron—HIS MAJESTY KING EDWARD

Out-Patient Department—
26 LAURISTON PLACE, EDINBURGH

About 60,000 Persons die Annually of Consumption in the
United Kingdom.

In Memoriam Wards and Beds.

THE Trustees will be pleased to gratify the wish of any Donors who may desire to endow and name a Ward or single bed in The Royal Victoria Hospital. They purpose, therefore, to affix to beds in perpetuity the name of any benefactor of the Hospital to the extent of £1000 by donation or legacy, who so desires it, and to Wards in recognition of larger donations.

Lord Derby, when presiding at the opening of the New Extension Building to Brompton Hospital for Consumption, alluding in his speech to Memorial Wards and Beds, said—"One cannot dictate the form which affection and regret shall take to display themselves; every one must make their own choice; but for myself I cannot conceive a more satisfactory method of keeping alive the memory of a lost relative or friend, than by attaching his or her name permanently and inseparably to an institution which is intended to relieve suffering, and which for many generations to come may be a benefit to the living as well as a remembrance of the dead."

The Royal Victoria Hospital for Consumption was established in 1887 as a Memorial of Queen Victoria's Jubilee.

FORM OF LEGACY OR BEQUEST.

I give and bequeath to THE ROYAL VICTORIA HOSPITAL FOR CONSUMPTION, EDINBURGH, payable to the Treasurer of the Institution for the time being, the sum of
free of legacy duty.

"Regulations for Admission of Patients" will be found on Cover.

SIXTEENTH ANNUAL REPORT
(1905-1906)

OF

THE ROYAL VICTORIA HOSPITAL
FOR CONSUMPTION

EDINBURGH

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THE LADY SUSAN GRANT SUTTIE.

THE LADY MARY HOPE.

RIGHT HON. LORD KINNEAR.

HON. LORD KYLLACHY.

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26 LAURISTON PLACE, EDINBURGH

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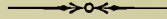
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 Lawrie, Miss, Braemount Avenue.
 Lawson, Miss, 4 Melgund Terrace.
 Lawson, Mrs., do.
 Legget, Miss, 2 Ravelston Terrace.
 Lennox, Miss, 25 Rankeillor Street.
 Lindsay, Miss, Bank House, Bank St.
 Lyon, Miss, 4 Coates Place.
 Lyon, Miss J., do.
 Maddan, Miss, 4 Barclay Terrace.
 Mahaffy, Miss J. G., 42 Morningside Road.
 Marshall, Miss, Hollywood, Canaan Lane.
 Marshall, Miss B., do.
 Maule, Miss, 18 Ravelston Park.
 Menzies, Miss, 93 Craiglea Drive.
 Miller, Mrs. M'Cheyne, 108 Morning-side Road.
 Mitchell, Mrs., 21 Shandon Crescent.
 Morrison, Miss, 33 East Trinity Road. </p> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

- Morrison, Miss, 10 Comely Green Pl.
 Muir, Miss, 8 Greenbank Terrace.
 Muller, Mrs. and Miss, 15 Oakville Ter.
 Murray, Miss, 304 Morningside Road.
 M'Carthy, Miss, 31 Stafford Street.
 Macdonald, Miss, 5 Bellevue Place.
 Macleod, Miss C. C., 1 Mayfield Road.
 Macnab, Miss D., 7 Denham Green Ter.
 Macpherson, Miss, 3 Grosvenor Street.
 Macqueen, Miss, 2 Clarendon Cres.
 Olsen, Miss, 4 Lomond Rd., Trinity.
 Patmore, Miss, 9 Hampton Terrace.
 Pettigrew, Miss, 29 Melville Terrace.
 Philip, Miss, 52 Blacket Place.
 Pollard, Miss, 15 Chalmers Street.
 Porter, Miss, 16 Glengyle Terrace.
 Rae, Miss, 5 Cluny Avenue.
 Ranken, Miss Pauline, 11 Spence St.
 Reid, Miss, 5 Ravelston Park.
 Reid, Miss, 11 Alderbank Place.
 Ritchie, Miss E. G., Airlie House,
 Arboretum Road.
 Robertson, Miss, 7 Eglington Crescent.
 Robertson, Miss, 6 Mortonhall Road.
 Robertson, Miss C., 7 N.-W. Circus Pl.
 Robertson, Miss J. M., 1 Kilmaurs
 Terrace.
 Rolland, Miss A. J., 16 Alva Street.
 Romanes, Miss, Craigknowe, Colinton
 Road.
 Ross, Miss M. E., 6 E. Fettes Avenue.
 Runciman, Miss B., 9 St. Fillan's Ter.
 Scott, Miss, 75 Great King Street.
 Scott, Miss E. H., Alvenley, South
 Oswald Road.
 Shankland, Miss, 48 Brunswick Street.
 Sinclair, Miss, 51 Montpelier Park.
 Smail, Miss, 13 Merchiston Place.
 Smail, Miss, 28 Shandon Crescent.
 Smith, Miss, 47 Lauder Road.
 Somerville, Miss, 2 Leven Terrace.
 Spence, Miss E., The Holms, Granton
 Road.
 Stein, Mrs., 114 Viewforth.
 Stevenson, Miss, 18 Gillespie Crescent.
 Sutherland, Miss, 12 Summerside Pl.
 Taylor, Miss, 6 Kilgraston Road.
 Taylor, Miss M. O., 11 Chamberlain
 Road.
 Thomson, Miss, Parkview, Inverleith
 Place.
 Thomson, Mrs., 15 Wellington Street.
 Toshack, Miss, 9 St. Leonard's Bank.
 Turner, Miss, 48 Comiston Road.
 Wallace, Miss, 13 Mayfield Gardens.
 Watt, Miss, 10 Suffolk Road.
 White, Miss B., Springbank, Ferry
 Road.
 Wilson, Miss, 20 Ann Street.
 Wilson, Miss, 13 Craighouse Terrace.
 Wilson, Miss, 32 Warriston Crescent.
 Wishart, Miss, 18 Viewforth Gardens.
 Yooll, Mrs. W. Graham, 45 Stirling Rd.
 Young, Miss, 4 Learmonth Gardens.
 Younger, Miss G., 5 Lansdowne Cres.
 Yule, Mrs., 59 Argyle Cres., Joppa.

THE SIXTEENTH ANNUAL REPORT

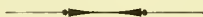
OF THE

COMMITTEE OF MANAGEMENT

OF

The Royal Victoria Hospital for Consumption, Edinburgh,

For the year ending 31st March 1906.



THE Committee have the gratification to report in most satisfactory terms regarding another year's work in connection with THE ROYAL VICTORIA HOSPITAL FOR CONSUMPTION. The year has been one of much significance in the history of the Hospital.

In last Report the Committee referred with loyal appreciation to the honour which His Majesty the King had been pleased to confer on the Institution by extending his Royal Patronage, and by granting the title "Royal" to the Hospital. They further expressed their gratitude to Her Majesty the Queen for graciously becoming Patron of the great International Fair projected on behalf of the funds of the Hospital.

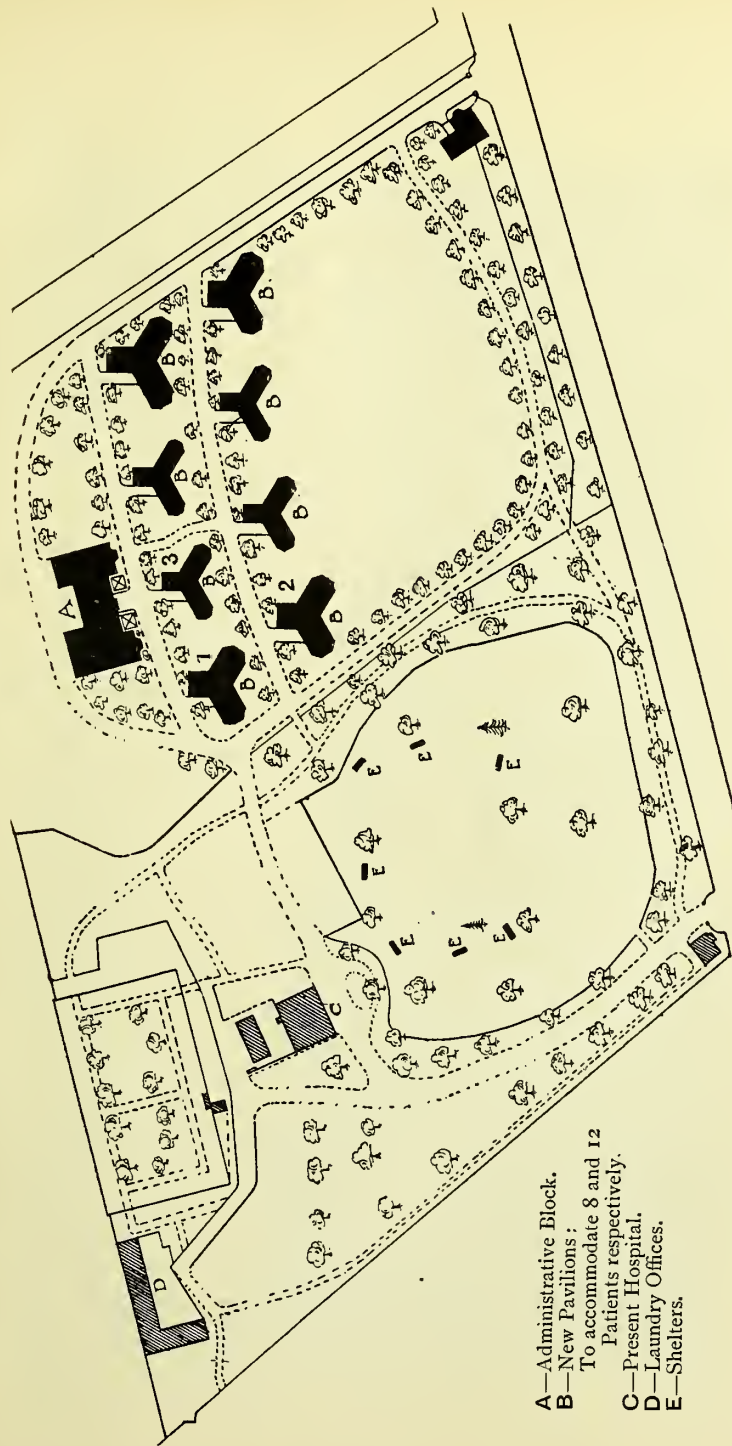
The holding of the International Fair, thus so happily inaugurated, was an important event for the Hospital. The Fair proved a brilliant success. The proceeds exceeded the sanguine expectations of the Committee. Indeed, the Fair established a record in the history of bazaars in Edinburgh.

After payment of all expenses, the Fair Committee were enabled to hand over to the Committee of the Hospital the magnificent sum of £13,245.

The Committee of the Hospital desire to take this opportunity to express their cordial thanks to all who contributed towards this gratifying result. They would record special thanks to the Executive Committee of the Fair, presided over by The Lady Dunedin, to the Treasurer and Secretaries, to the Patrons and Patronesses, to the Stallholders and their assistants, and to the innumerable contributors, both in money and kind, throughout the kingdom. The Committee trust that this expression of their grateful thanks will be accepted by all those kind friends of the Hospital whom the Committee should have liked to address individually. While this is impossible, the Committee cannot refrain from referring with especial gratification to the generous contributions of £1000 from Mr. George Crabbie and Mr. Frank Usher respectively.

As indicated in last year's Report, the International Fair was projected with a view to extension of the Hospital, in respect both of accommodation for additional patients and a central administration block, and for the purpose of endowment. The Committee are happy to find themselves in the position to announce that, thanks to the splendid effort of last November, they feel themselves justified in proceeding to the erection of two new Pavilions for patients, and a central block, with dining-room and kitchen for patients, and suitable quarters for the resident staff, while at the same time they expect to transfer a considerable amount to the Capital Fund of the Hospital.

It is with a feeling of great relief that the Committee find themselves enabled to remove, within the immediate future, two of the most outstanding difficulties which have shadowed them for so many years. Successive Reports have told the same pathetic tale of applications for admission much in excess of existing accommodation. The opening of two additional Pavilions will greatly relieve the situation, and lessen the long and trying period of waiting which insufficient accommodation has necessarily entailed. The erection of a central administration block



BLOCK PLAN OF EXTENSION OF THE ROYAL VICTORIA HOSPITAL.

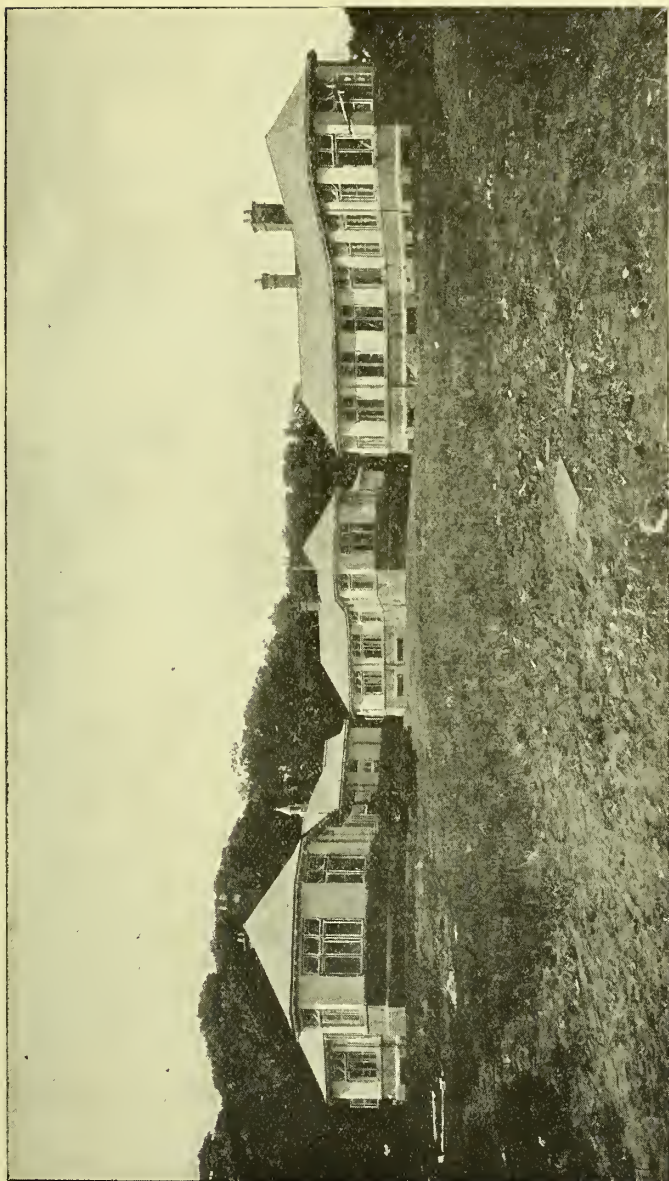
will relieve the staff from many unnecessary hardships imposed by the wholly inadequate existing accommodation. The provision of a general dining-hall and kitchen for the patients removes a blot on an otherwise excellent organisation. In carrying out the necessary additions, the Committee are resolved to maintain the rules of economy which have been followed in previous buildings. It will be their aim to obtain perfection, from the therapeutic point of view, at the least cost compatible with the modern methods of treatment which The Royal Victoria Hospital has done so much to inculcate.

EXTENT OF OPERATIONS.

It must be kept prominently in view that The Royal Victoria Hospital is much more than a hospital for the cure of a given number of suitable cases of Consumption. It is an extensive organisation for the combating of Consumption in all its varying manifestations. The Institution has been a pioneer in this matter, and has largely directed public opinion and effort throughout the country.

The Committee are gratified to observe that public recognition of the extent of the Hospital's operations has been made in the important Memorandum regarding the Administrative Control of Pulmonary Phthisis recently issued by the Local Government Board. They note with pleasure that the suggestions and recommendations made by the Board to Local Authorities are largely based on the plan of operations proposed and developed from year to year by The Royal Victoria Hospital, including the Hospital proper, arranged for various groups of cases, both resident and visitant, the Work Colony for convalescent patients, and the Dispensary as the centre and uniting point of the other agencies.

The Local Government Board have printed as an Appendix to the Memorandum a paper which was read by Dr. Philip before the International Congress of Tuberculosis, Paris, October 1905, in which he expounded



Marshall Wane & Co., Photographers.

GENERAL VIEW OF THE THREE NEW PAVILIONS: FRONT ELEVATION.

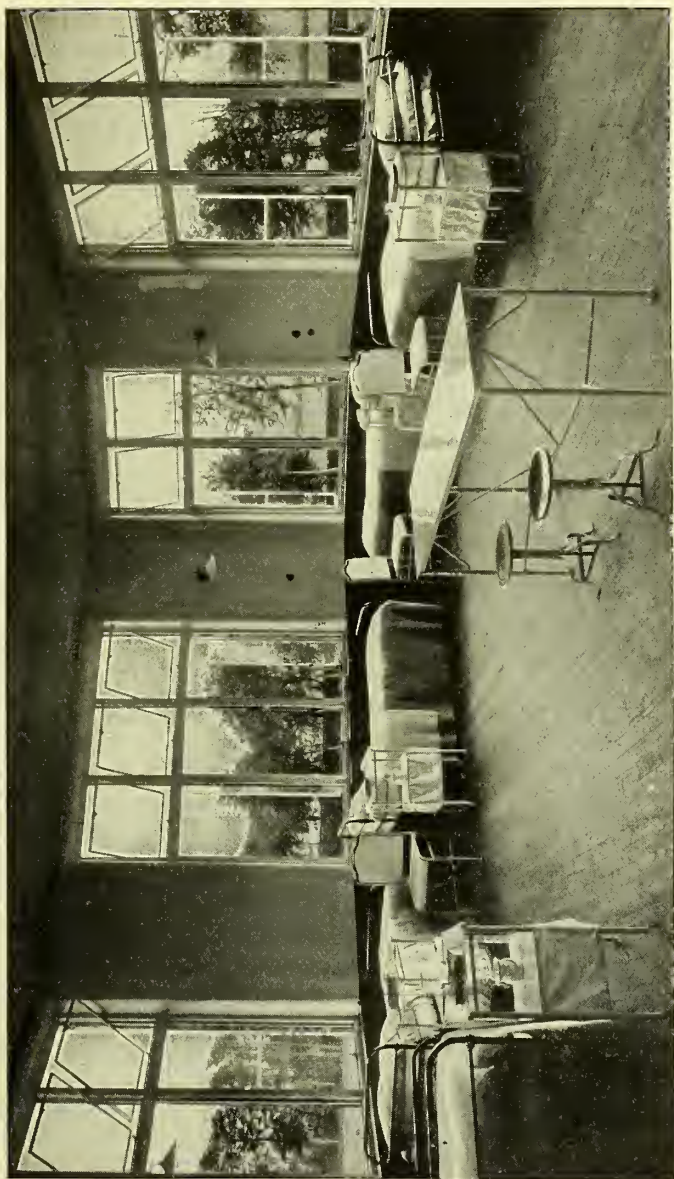
the scheme of organisation, realised in whole or in part, in relation to The Royal Victoria Hospital during the past eighteen years.

HOSPITAL OR SANATORIUM.

Since the opening of the Hospital till the 31st March 1906, 1082 individual patients have been received for indoor treatment in the Hospital. To this number must be added 172 "visitant" patients, who enjoy the same régime as do the others during the day, returning home to sleep. This yields a total of 1254 patients. The daily average of resident patients in the Hospital is now 58, with some 20 "visitants."

APPLICATIONS FOR ADMISSION.

These are still a long way in excess of present accommodation. There are at least some 60 names on the waiting list, to whom promise of admission in turn has been given. This distressingly large number is exclusive of many others, for whom application has been made, but who, from one reason or another, are found to be unsuitable. The Committee have once more to urge on the friends of consumptive patients that the hope of successful treatment is greatly lessened in advanced stages of the disease. The Committee feel it their duty, both towards contributors to the Hospital and consumptive patients themselves, to limit the admission of patients to those in whom there is reasonable ground to expect a cure, or at least permanent benefit. The Committee desire it to be understood that patients are admitted in order of application, and that delay in the reception of suitable patients is solely due to the insufficiency of accommodation which still continues. *Until a considerable addition has been made to the present number of beds, the waiting period for each patient must remain a matter of months. The Committee would gladly see this altered. For it cannot be denied that during the waiting period, cases, at first apparently favourable, slip into the ranks of the incurable.*



Marshall, Wane & Co., Photographers.

INTERIOR OF NEW PAVILION, SHOWING ARRANGEMENT OF BEDS IN RELATION TO OPEN WINDOWS.

CONTRIBUTING PATIENTS.

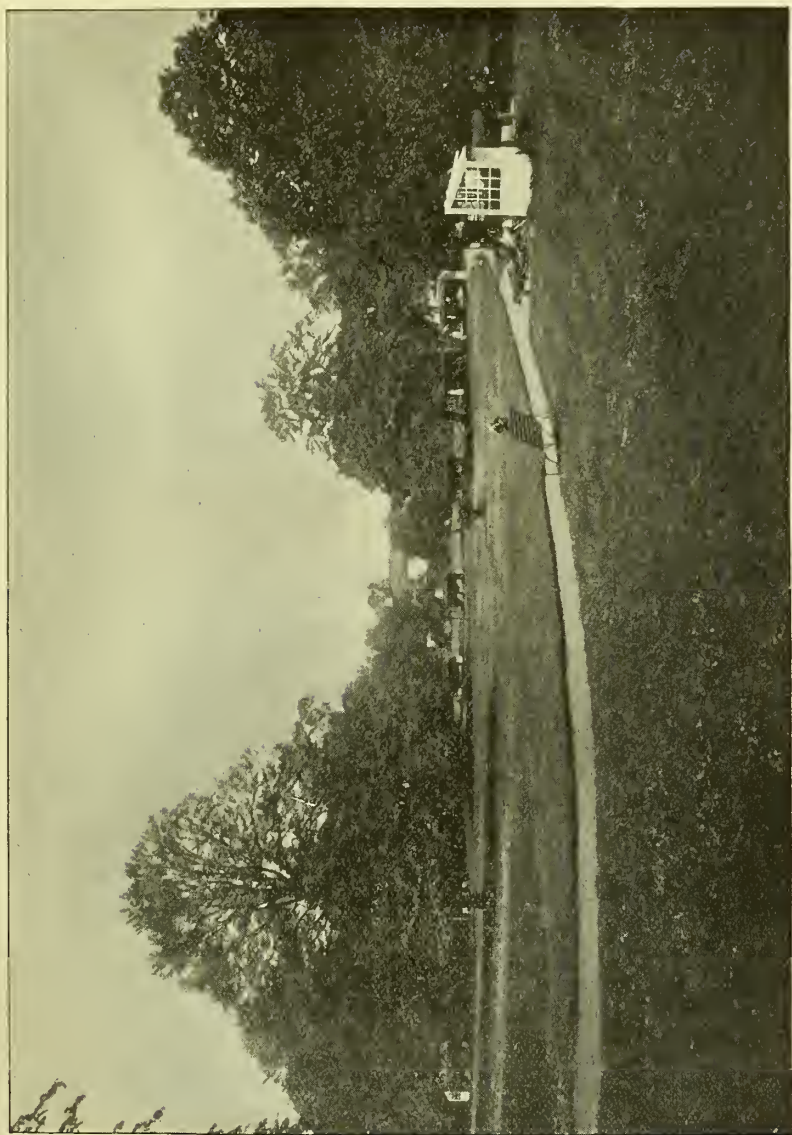
In addition to the general body of the patients, who are treated gratuitously, a certain number contribute in part towards their board. By the institution of the system of contribution, the Committee have been able to throw open some beds in excess of present ordinary resources. The contribution amounts to one guinea per week, which, although not sufficing to cover the entire cost of the beds, satisfies financial requirements.

The system has been found to work well. Although contribution confers no privilege except precedence in admission, there are always patients eager to avail themselves of the arrangement. Such patients not only obtain immediate benefit for themselves, but indirectly benefit other patients on the waiting list.

Since last Report, the Hospital has entered into an arrangement with the Stewartry of Kirkcudbright for the maintenance of four beds within the Hospital in return for a contribution of £320 per annum, or £80 per bed. In virtue of this arrangement, the Committee of the Stewartry of Kirkcudbright Fund have immediate right of nomination to four beds throughout the year. Subject to the reservation already made regarding the tendency to send patients at too late a stage, the arrangement has worked smoothly, and apparently with advantage to all concerned. The Committee will consider favourably similar proposals from other centres.

RESULTS OF TREATMENT.

A considerable portion of the patients, after discharge, keep in touch with the Hospital, either reporting as to their condition from a distance, or returning from time to time for examination, and, if necessary, for further guidance. The experience of the Hospital is eminently encouraging. A recent analysis of several years has shown that a large proportion of the patients discharged from the Hospital have continued well. As pointed out in previous



VICTORIA HOSPITAL—GENERAL VIEW OF THE GROUNDS.

reports, many have become stronger and healthier than they ever had been.

WORK FOR PATIENTS.

During residence in the Hospital, when the need for complete rest is past, patients are enjoined to work, subject to the direction of the doctor. Thus, out of some eighty patients resident at any one time, approximately two-thirds do more or less to assist the work of the Institution. Of patients working the whole day, there is a joiner, an engineer, a bath attendant, a laboratory assistant, two gardeners, and a combined groom and gardener. There is a regular corps of painters—some six or more patients who work for a couple of hours in the morning, and a like time in the afternoon. In the case of patients who work all day, suitable remuneration is afforded, in addition to their keep.

CONVALESCENT COLONY.

There is thus gradually being realised the Colony Scheme proposed long ago by Dr. Philip. The Committee have instituted inquiries and commenced negotiations with a view to the elaboration of such a scheme in the interests of more or less convalescent patients. They are satisfied that the scheme, if once fairly established, would become largely self-supporting. They are still on the outlook for some wealthy friend who would enable them to develop this special portion of the work. If placed in possession of a suitable bit of land, the Committee would be in a position to tackle the matter at once.

DISPENSARY.

The Dispensary was the starting-point of operations in 1887, and remains the centre of the work. The



PATIENTS AT WORK—GARDENING.



PATIENTS AT WORK—WOODCUTTING.

programme of the Dispensary has been throughout as follows:—

1. The reception and examination of patients, and the keeping of a record of every patient, with an account of his illness, history, surroundings, and present condition, the record being added to each subsequent visit.

2. The bacteriological examination of expectoration and other discharges.

3. The instruction of patients how to treat themselves, and how to prevent or minimise the risk of infection to others.

4. The dispensing of necessary medicines, disinfectants, *sputum* bottles, and, where the patient's condition seemed to warrant it, of food stuffs and the like.

5. The visitation of patients at their own homes by a qualified medical man and a specially trained nurse, for the double purpose of treatment and of investigation into the state of the dwelling, the general conditions of life, and the risk of infection to others.

6. The selection of more likely patients for hospital treatment, either of early cases for the sanatorium or of late cases for incurable homes, and the supervision of patients, after discharge from the sanatorium, when necessary.

7. The guidance, generally, of consumptives and friends of patients, and for inquiries on all questions related to consumption.

Since the commencement, 15,452 individual patients have received advice and treatment. Many have remained under supervision for years. During the past year, 16,024 attendances have been registered. During the year, the nurse has paid 1545 visits to patients at their own homes. At the Laboratory of the Dispensary, bacteriological diagnosis of tuberculosis is carried out wherever possible. Altogether 389 such examinations were made during the past year. Since March 1903, 855 notifications of the disease have been made to the City Authorities.

In addition to the routine work of the Dispensary, detailed investigations are carried out with a view to ascertain the distribution of tuberculosis in the city. These

include a systematic record as to the home conditions of the patient, according to Schedule (*see* Appendix, page 22), the inquiry being carefully undertaken at the patient's home by a trained nurse, under the superintendence of one of the medical officers. There has been thus accumulated a considerable mass of valuable statistics and information regarding the incidence of the disease in the district. These are steadily added to from day to day. No difficulty whatever has been experienced in obtaining the desired information.

A recent analysis of 500 of these records has yielded important facts with reference to the disease. Thus important details have been obtained as to the frequency of the disease in children and in housewives; its recurrence in certain houses and streets; its association with varying insanitary conditions of dwellings; the extreme frequency with which one or more persons share a room, or even a bed, with the consumptive patient; the varying amount of fresh air admitted into the dwellings by day and by night; the extraordinary extent to which the household washing is done in the affected dwelling-house; the frequency with which the consumptive patient changes his house, thus multiplying the infection again and again; the frequency with which a previous family or house infection can be traced; the entire absence, in the majority of cases, of precautions with a view to disinfection, either during or after the illness; and the effect of the disease in producing physical and financial distress in a more or less wide family circle. These may serve as examples of the important results obtainable by a systematised inquiry through the medium of a well-organised Dispensary.

It is with peculiar gratification that the Committee have observed that the Dispensary idea, which had its birth in Edinburgh nineteen years ago, and has been gradually evolved up to the present, has within the last half-dozen years taken root on the continent of Europe. Notably in France and Belgium, and more recently in Germany, dispensaries have been founded more or less on the same lines as those initiated in 1887 at the Victoria Dispensary.

At the Paris International Congress, October 1905, remarkable testimony was submitted to the value of the Dispensary as a chief agency in the prevention of consumption, and the plan of operations developed by The Royal Victoria Hospital in its different departments was endorsed in striking fashion.

SAMARITAN COMMITTEE.

The Samaritan Committee of Ladies has continued to co-operate with the medical officers in a most satisfactory manner. The sphere of the Committee lies especially among patients confined to their homes and impoverished by disease. Through the agency of the Committee, ways and means for the relief and support of many most deserving patients have been found. The labours of the Committee have been extended and rendered more effective through the services of the trained nurse, who, during the past year, has paid over 1500 visits to such patients. The Committee meets once a fortnight, when reports regarding cases on this list are made and methods of help are considered.

REVENUE.

The excess of Ordinary Expenditure over Total Income for the year to 31st March 1906 was £1186, 5s. 1d. The Committee are gratified that this is less than the excess reported for the corresponding period last year. It is, however, too great. The Committee exercise a watchful vigilance over every outlay in relation to each department of the Institution, and are pleased to observe the diminution of expenditure under several heads during the past year. The Committee are glad to note some increase in the receipts from annual subscriptions. In view of the clamant need for increase of accommodation, to obviate the calamities incidental to the waiting list, they would appeal most earnestly for a large increase in the amount of annual subscriptions, and an increased number of such subscribers.

The Committee would thank the many friends who

have already contributed by subscription or donation. Acknowledgment of this will be found on pp. 38-85 of the Report. Valuable service continues to be rendered throughout Scotland by means of the Local Auxiliaries for the collection of subscriptions. The Committee beg to thank the ladies and gentlemen forming the auxiliaries for their generous labours in helping to extend the usefulness of this *National Institution*. They have also to record their gratitude to the members of the medical staff and other office-bearers, the lady superintendent and nurses, the ladies who have given their services in connection with the Samaritan work, and the lady collectors. They desire also to thank the clergymen whose services have been kindly given to the Hospital.

TABLE 1.—SHOWING OCCUPATIONS OF PATIENTS.

chitect's Draughtsmen	3	Drapers	8
ylum Attendants	1	Dressmakers	34
kers	9	Dyeworkers	4
rbers	4	Electricians	3
ack Borderers	1	Electrotype Finishers	2
acksmiths	12	Engineers	20

APPENDIX.

THE ROYAL VICTORIA DISPENSARY FOR
CONSUMPTION.

SCHEDULE OF INQUIRY REGARDING DISPENSARY PATIENTS.

*No. in Ledger.....**Date of Report.....*

Name?

Age?

Address?

Married or single?

Occupation?

Has patient changed occupation?

Able to work full time?

Or part time?

If unable, confined to bed?

~~by Under the influence of~~

and means for the relief and support of many most deserving patients have been found. The labours of the Committee have been extended and rendered more effective through the services of the trained nurse, who, during the past year, has paid over 1500 visits to such patients. T

Are they kept open (a) by day?

(b) by night?

Have they always been kept open?

Does patient sleep alone (a) in bed?

(b) in room?

How is washing of clothes done?

How long in present house?

If has moved within two years, previous addresses?

Have there been illnesses or deaths in house?

(a) In own time?

(b) In previous occupancy?

Exposed to infection (a) at home?

(b) at work?

(c) among friends?

Present health of other members of household?

What precautions taken to disinfect?

T. B. in sputum?

T. B. in dust of room?

General dietary?

Teetotal?

General condition (well-to-do, badly off)?

Proximate income of household?

Assisted by societies, church, friends, rates?

*Signed.....Reporter.**.....Medical Officer.*

MEDICAL STATISTICS.

I. HOSPITAL—INDOOR PATIENTS.

From the date of opening, 1082 patients have been under treatment in the Hospital. In addition to these, 172 patients have been allowed to spend the whole day at the Hospital, enjoying the régime and treatment, and going home at night. Thus—

Indoor (Resident) Patients	1082
Visitant Patients	172
	<hr/>
	1254

TABLE I.—SHOWING OCCUPATIONS OF PATIENTS.

Architect's Draughtsmen	3	Drapers	8
Asylum Attendants	1	Dressmakers	34
Bakers	9	Dyeworkers	4
Barbers	4	Electricians	3
Black Borderers	1	Electrotype Finishers	2
Blacksmiths	12	Engineers	20
Boiler Firemen	1	Engravers	2
Boilermakers	1	Envelope Folders	4
Bookbinders	5	Factory Hands	21
Bookfolders	8	Feather Curlers	2
Booksellers	4	Fishermen	7
Brassfounders	5	Footmen	2
Brewery Workers	1	French Polishers	2
Brick Kiln Setters	1	Furniture Designers	1
Bricklayers	2	Furniture Packers	1
Builders	1	Gamekeepers	3
Butchers	4	Gardeners	13
Butlers	5	Gas Meter Index Makers	1
Cabinetmakers	3	Glass Painters	1
Cabmen	1	Glassworkers	6
Canvas Embossers	1	Globe Menders	1
Canvassers	2	Golf-club Makers	1
Carriers	1	Golfers (Professional)	3
Chemists	3	Governesses	3
Claypipe Makers	2	Grocers	13
Clerks	82	Grooms	5
Coal Merchants	1	Gunsmiths	1
Commercial Travellers	12	Gymnastic Masters	1
Confectioners	1	Housekeepers	16
Cooks	2	Housewives	117
Coopers	4	Index-cutters	1
Crofters	1	Insurance Agents	1
Dairymaids	2	Ironfounders	5
Dairymen	3	Ironmongers	7
Decorative Artists	1	Ironmoulders	2
Domestic Servants	86	Janitors	1

TABLE I.—*continued.*

Joiners	34	Salesmen	12
Journalists	2	Saleswomen	7
Labourers	32	Sawyers	1
Lady's Companions	7	School Children	65
Laundresses	5	Schoolmasters	4
Leadcutters	1	Seamen	9
Librarians	1	Seedsmen	2
Litho Artists	3	Shepherds	2
Machinists	11	Ship Draughtsmen	1
Maltmen	1	Shirtmakers	2
Marine Firemen	5	Shoemakers	6
Masons	31	Shopgirls	21
Matron in Girls' Home	1	Shopkeepers	7
Medical Practitioners	1	Soldiers	10
Messengers	11	Stablemen	1
Milliners	5	Stationers	1
Millworkers	16	Steelworkers	4
Miners	11	Stonecutters	3
Nondescript	57	Students	6
Nursemaids	13	Sugar Packers	1
Nurses	6	Surveyors	1
Painters	12	Tailors	26
Paper Bagmakers	2	Teachers	16
Paper Workers	5	Telegraphists	2
Parish Sisters	1	Telegraph Boys	1
Photographers	3	Ticket Collectors	1
Piano Tuners	1	Tinsmiths	2
Pitmen	1	Tobacconists	2
Plasterers	3	Tram Conductors	3
Plate Cleaners	2	Turners	1
Ploughmen	6	Typists	4
Plumbers	15	Upholsterers	4
Policemen	7	Valets	2
Porters	6	Van Builders	1
Postmen	7	Vanmen	3
Postwomen	1	Waiters	5
Pressers	2	Waitresses	4
Printers and Compositors	39	Wardmaids	1
Publicans	2	Warehousemen	4
Pursemakers	1	Warehousewomen	4
Quarrymen	1	Watchmakers	4
Railway Workers	11	Weavers	5
Relief Stampers	1	Wood Carvers	6
Reservists	1	Woolsorters	4
Road Superintendents	1		
Rubber Workers	7		
			1254

TABLE II.—SHOWING AGES OF PATIENTS.

Under 11	29
From 11-20	333
" 21-30	561
" 31-40	219
" 41-50	101
Over 50	11

TABLE III.—SHOWING SEX OF PATIENTS.

Males	713
Females	541
	<hr/>
	1254

TABLE IV.—SHOWING RESIDENCE OF PATIENTS.

Edinburgh	659
Vicinity of Edinburgh	125
Country—	
Aberdeenshire	13
Argyllshire	6
Ayrshire	12
Banffshire	3
Berwickshire	21
British Guiana	1
Caithness-shire	2
Clackmannanshire	14
Cumberland	2
Dumbartonshire	10
Dumfriesshire	3
Durham	1
Elginshire	6
Fifeshire	60
Forfarshire	29
Haddingtonshire	24
Harris	1
Italy	1
Inverness-shire	7
Ireland	1
Kent	1
Kincardineshire	3
Kinross-shire	2
Kirkcudbrightshire	6
Lanarkshire	66
Lewis	1
Linlithgowshire	24
London	1
Manchester	2
Midlothian	25
Northumberland	1
Orkney	4
Peebles	1
Perthshire	18
Renfrewshire	8
Ross-shire	8
Roxburghshire	13
Selkirkshire	30
Shetland	8
Stirlingshire	22
Sutherlandshire	5
Switzerland	2
Yorkshire	2
	<hr/>
	470
	<hr/>
	1254

II. OUT-PATIENT DEPARTMENT.

Up to 31st March 1906, 15,452 *individual cases* received treatment at the Out-Patient Department.

TABLE I.—SHOWING ATTENDANCES FROM 31ST MARCH 1905
TILL 31ST MARCH 1906.

	At Institution.	At their own Homes.	TOTAL.
April	1,169	159	1,328
May	1,291	152	1,443
June	1,267	149	1,416
July	1,115	107	1,222
August	1,301	146	1,447
September	1,075	120	1,195
October	1,157	112	1,269
November	982	169	1,151
December	1,120	159	1,279
January	1,230	159	1,389
February	1,143	145	1,288
March	1,424	173	1,597
	<hr/> 14,274	<hr/> 1750	<hr/> 16,024

Visits paid by Nurse	1545
Number of Sputa examined	389

TABLE II.—SHOWING DISEASES FROM WHICH PATIENTS SUFFERED.

Pulmonary Tuberculosis	10,824	Injury to Chest, and Hernia	
Bronchitis	1406	of Lungs	11
Emphysema, with Bronchitis,		Croupous Pneumonia	14
Asthma, etc.	617	Pleura, Affections of	291
Œdema of Lungs, with or		Larynx, Affections of	245
without Bronchitis, Weak		Affections of related Organs,	
Heart, etc.	341	etc.	1683
Capillary Bronchitis	20		<hr/> 15,452

TABLE III.—SHOWING OCCUPATIONS OF PATIENTS.

Artists	29	Charwomen	143
Athletes	3	Chemists	24
Bakers	156	Children (below fifteen)	1749
Blacksmiths	113	Chimney Sweeps	7
Bookbinders and Folders	217	Clerks and Warehousemen	477
Brassfinishers	104	Coal Miners and Workers	156
Butchers	59	Comb and Brush Makers	24
Cabmen and Grooms	139	Confectioners	23
Carpenters, Joiners, and		Coopers	8
Woodworkers	495	Corkcutters	16
Car Conductors and Drivers	12	Dairymen	10

TABLE III.—*continued.*

Domestic Servants	597	Paper Cutters	54
Engineers and Enginemmen	253	Painters	149
Farm Servants	32	Plasterers	49
Firemen	43	Plumbers	88
Fishermen and Sailors	72	Policemen and Watchmen	34
Fishwomen	48	Porters	146
Fitters and Riveters	58	Postmen, Lamplighters, etc.	39
Gardeners and Farmers	69	Printers, Compositors, etc.	380
Gatekeepers and Messengers	84	Railway Servants	65
Glasscutters and Grinders	38	Riggers	4
Glaziers and Gilders	27	Rubber Workers	251
Golf-club Makers	4	Salesmen	213
Grocers	92	Saleswomen	242
Guards	27	Scavengers	17
Gunmakers	11	Sealing-wax Makers	1
Hairdressers	61	Seamstresses and Dressmakers	325
Hawkers	110	Shoemakers	146
Hosiery Workers	6	Sick Nurses	49
Housewives	3149	Slaters	38
Insurance Agents and Commercial Travellers	156	Soldiers	37
Ironmongers and Typefounders	148	Spinners	10
Jewellers and Watchmakers	49	Stokers	16
Labourers	1021	Students	16
Laundresses	117	Surveyors	4
Leather Workers	16	Tailors and Hatters	316
Librarians	2	Tanners and Curriers	27
Lithographers	33	Teachers	72
Lorrymen and Carters	158	Tinworkers	62
Maltmen	41	Upholsterers	41
Masons	575	Van Drivers	18
Millworkers	301	Vulcanite Workers	8
Musicians	21	Waiters	140
Nondescript	885	Weavers	42
Opticians	2	Wireworkers	26
Paper Bag Makers	59		
			<hr/> 15,452

TABLE IV.—SHOWING AGES OF PATIENTS.

From 1-10	1,105
„ 11-20	3,321
„ 21-30	4,438
„ 31-40	3,145
„ 41-50	1,916
„ 51-60	962
Above 60	565
	<hr/> 15,452

TABLE V.—SHOWING SEX OF PATIENTS

Males	8,416
Females	7,036
	<hr/> 15,452

TABLE VI.—SHOWING RESIDENCE OF PATIENTS.

Edinburgh, including Portobello and Joppa	12,045
Leith, Newhaven, and Trinity	1,726
Country	1,681

15,452

TABLE VII.—SHOWING DISTRICTS FROM WHICH PATIENTS HAVE BEEN RECEIVED, OTHER THAN EDINBURGH, LEITH, AND IMMEDIATE VICINITY.

Aberdeen	4	Cockenzie	82
Aberdour	6	Colinton	9
Abernethy	2	Corstorphine	24
Addiewell	1	Cowdenbeath	10
Alexandria	2	Cramond	4
Alloa	8	Crieff	3
Alnwick	1	Cumberland	1
Alva	14	Currie	9
Alyth	1	Dalhousie	1
Airdrie	3	Dalkeith	32
Annan	1	Dalmeny	2
Anstruther	1	Davidson's Mains	13
Arbroath	2	Denholm	1
Argyllshire	3	Denny	2
Armadaie	14	Dollar	1
Arran	1	Doone	2
Auchendinny	4	Drem	2
Auchterarder	1	Duddingston	11
Ayr	1	Dumbarton	2
Ayton	1	Dumfries	6
Bathgate	30	Dunbar	9
Beattock	1	Dunblane	2
Belfast	1	Dundee	16
Berwick-on-Tweed	8	Dundonald	1
Biggar	1	Dunfermline	33
Blackhall	13	Duns	4
Blair Atholl	1	Duntocher	1
Blairgowrie	2	Dysart	3
Blantyre	3	Earlston	5
Bonar Bridge	1	East Calder	8
Bo'ness	15	Ecclefechan	1
Bonnyrigg	27	Elgin	3
Bowbridge	1	Elphinston	1
Broomieknowe	1	England	24
Broxburn	52	Eyemouth	2
Buckhaven	1	Falkirk	41
Burntisland	8	Fauldhouse	6
Caithness	3	Fife	20
Carlisle	4	Ford	2
Carluke	1	Forres	1
Carstairs	1	Galashiels	47
Castle-Douglas	1	Garvald	2
Chirnside	2	Gifford	1
Cleland	1	Gilmerton	2
Coatbridge	3	Glasgow	112

TABLE VII.—*continued.*

Gordon	1	Moffat	2
Gorebridge	10	Montrose	3
Govan	4	Motherwell	2
Grangemouth	13	Musselburgh and Fisherrow	160
Granton	6	Newton Grange	2
Greenock	2	Niddrie	3
Haddington	15	North Berwick	6
Hamilton	5	Orkney and Shetland	30
Hawick	4	Paisley	2
Helmsdale	1	Peebles	20
Innerleithen	9	Pencaitland	15
Inverkeithing	6	Penicuik	40
Inverness	6	Perth	15
Ireland	2	Pitlochry	1
Island of Eigg	1	Polmont	11
Jedburgh	3	Polton	5
Johnstone	6	Prestonpans	23
Juniper Green	12	Queensferry, N. and S.	19
Kelso	3	Ratho	1
Kinghorn	1	Reston	1
Kingsknowe	1	Roseburn	1
Kirkcaldy	51	Rosewell	5
Kirkcudbright	2	Roslin	5
Kirkintilloch	1	Ross-shire	1
Kirkliston	4	Rothsay	1
Kirknewton	2	St. Andrews	3
Ladybank	4	St. Boswells	2
Lanark	6	Saltcoats	1
Langsidehouse	1	Selkirk	9
Larbert	1	Shotts	4
Lasswade	3	Slateford	19
Lauder	1	South Shields	2
Leadburn	1	Stenton	1
Leslie	1	Stirling	13
Leven	2	Stobo	1
Liberton	16	Stonehaven	1
Linlithgow	7	Stornoway	1
Liverpool	2	Stow	4
Livingston	1	Sutherlandshire	3
Loanhead	28	Tain	1
Loch Fyne	1	Tillicoultry	3
Lochgelly	4	Tranent	76
Lochwinnoch	2	Tynecastle	1
Lockerbie	2	Uphall	11
London	4	Wales	1
Longniddry	2	Walkerburn	6
Macmerry	3	Wemyss	4
Manchester	1	West Calder	7
Manuel	1	West Linton	1
Markinch	3	Whitburn	5
Maybole	1	Wick	3
Melrose	5	Winchburgh	4
Methil	1	Wishaw	1
Midcalder	16	Australia	1
Midlothian	8		
Milton Bridge	1		

ILLUSTRATIVE CASES.

HOSPITAL PATIENTS.

Case of F. J.—Clerk, aged twenty-one, was admitted into Hospital in July 1896, with a history of two years' illness. His father had died from phthisis, and his mother was suffering from it. He had severe pain in the chest, dyspnœa, night-sweats, and loss of appetite. His weight was 7 st. 11½ lb., and he showed considerable emaciation. There was pronounced disease of both lungs. During a stay of a few weeks his general condition much improved, and he gained one stone weight. He was kept under close observation till May 1899. During all that time, in spite of occasional exacerbations of symptoms, he kept up his weight and general condition. Since then he has been continuously at work, and has added to his clerkship the conducting of a successful business. He has rigidly maintained the principles of open-air life and the régime of the Hospital, and is now in excellent health.

Case of P. M.—Kitchenmaid, aged twenty-four, was admitted into Hospital in December 1898, with a history of "inflammation of the lungs" of four years' standing. She had been treated in a general hospital. There was great loss of appetite and dyspnœa, and she had lost much weight. There was abundant evidence of advanced bilateral disease. During a stay of nine weeks the disease was apparently arrested, and the patient improved so much in general condition that she was able to take the situation of cook at the Hospital, which post she only gave up after a year's work, owing to family circumstances. She has kept strong and well ever since.

Case of R. I.—Clerk, aged twenty-two, was admitted into Hospital in February 1899, with a history of recurrent “colds in chest” for five years, and for four months a continuous “bad spit.” One of the patient’s sisters had died of phthisis. On admission, the patient complained of occasional stabbing pains in the chest, and almost total loss of appetite. His weight was 9 st. 7 lb. On examination, the patient showed a narrow flat chest, with widespread signs of disease in both lungs. Tubercle bacilli were numerous in the expectoration. During residence in The Royal Victoria Hospital the chest condition improved very much, the signs of moisture disappearing. The patient’s general condition also greatly improved, and he gained 12 lb. weight. The patient lives always on open-air lines, and has kept strong and well ever since.

Case of D. A.—Draper, aged eighteen, was admitted into Hospital in November 1900, with a history of cough and spit for seventeen months. An elder brother had had phthisis for two years. Patient complained of a hacking cough, with a spit occasionally tinged with blood, and frequent sharp pains. The patient presented evidence of bilateral disease, with excavation. Tubercle bacilli were numerous in the sputum. During the patient’s residence of six and a half months, the evidence of active disease gradually lessened, till the disease became arrested. His general condition was immensely better, 19 lb. weight being gained. The patient, who has always kept up the open-air life, looks and feels in splendid condition, after continuous work for nearly three years

Case of G. J.—A mason, aged thirty-six, was admitted into Hospital in May 1901, with a history of cough continuing since an attack of influenza two and a half years before. The cough had got worse, patient had lost flesh and appetite, and had not been working for nine months, during which time he began to attend The Royal Victoria Dispensary, and to improve somewhat before admission. One brother of the patient had died ten years before of

phthisis. The patient showed great wasting, and abundant evidence of lung affection. Tubercle bacilli were found in the sputum. The patient was in Hospital for four months, during which time he put on 20 lb. weight, and improved extremely in general condition. All evidence of moisture disappeared from the chest. The patient changed his occupation to that of a cable car driver, and has been at work for two years without losing a day from ill-health.

Case of F. J.—A commercial traveller, aged forty-two, was admitted into Hospital as a "visitant" patient in January 1902, with a history of "pleurisy" seven years before, and recently of continuous cough and spit for nine months. He had been so ill that he could hardly get out of, and into, bed. Patient had severe cough and spit, and pain. On examination—pulse very rapid and feeble, and there was widespread evidence of lung disease on both sides. Constitutionally he was greatly reduced. The patient improved in most remarkable fashion, and has continued to do so ever since. He put on 53 lb. weight during treatment. Of this he has dropped a few pounds in the past year, during which time he has been steadily engaged in a long day's work (6 a.m. to 8 p.m.) as bath attendant at the Hospital—at once a guide and object lesson to the rest of the patients.

DISPENSARY PATIENTS.

The Assistant Medical Officer gives the following notes on cases taken from his book which illustrate the work of this department.

Case of F. A.—Married, three children, hairdresser. This case first came under treatment at the Dispensary in the beginning of last winter. The disease was then advanced and evidently progressing rapidly, yet the man.

was occupied daily at his business. I advised him giving up work entirely and lying up, but this he said he could not do. Before many weeks, however, his illness compelled him to do as I had previously suggested, and for the past six months I have been visiting him at his home. The house consists of one room (in which the family (5) lives) behind a small barber's shop. It overlooks a courtyard, and very little sunlight penetrates the room. The window is kept constantly open, and in every way the patient's wife endeavours faithfully to carry out instructions. Sputum is carefully destroyed, and the house is kept very clean. Means are limited, but patient has several good friends who bring him such articles of diet as are likely to tempt his appetite. He is now entirely bedridden and getting very weak, but is wonderfully bright and keenly appreciative of any attention paid to him.

Case of I. B.—Married woman, two children. I first saw this patient in January 1904, and since then, until her death in February this year, I have had her almost constantly under supervision. At first the case was quite an early one and gave promise of doing well, and in fact did improve for several months. Unfortunately her husband was a drunkard, and though an excellent tradesman and able to earn from 40s. to 50s. per week at his trade of shoemaker, he rarely stayed long in any situation. Gradually the patient got worse, and, about the end of November 1905, I was called to go and see her and found her very ill indeed. The house they were then occupying was in corporation property, one room, but large, airy, and with two large windows. The furniture had almost entirely disappeared, likewise all the small household possessions—viz. pictures, china, etc., sold to purchase drink. All the food I could see was a portion of a stale half loaf and some tea, neither butter nor milk. Mrs. B. and her children were being gradually starved, and no relief could be obtained as long as her husband was able-bodied and idle. Nurse attended her daily, and we gave

her food and clothing. The S. S. P. C. C. was communicated with, the husband was prosecuted for neglect of his family, and we succeeded in having him put in prison for three months. Then relief was available, the parochial authorities made an allowance, and, along with the kind help of the S. S. P. C. C., the Destitute Sick Society, and some private friends, we were able to get Mrs. B. every comfort for her last days. Nurse was assiduous in her attention, and everything was done to help the dying woman, who only lived three weeks after the husband's removal to prison. But for neglect and want of food, this patient might have lived for years.

SAMARITAN WORK.

Case of W. S.—Age 27, married, leadcaster. This case has attended the Dispensary for over four years, and for some months was an inmate of The Royal Victorial Hospital. During the last two years he has been employed as a packer in one of the large drapery establishments in the city. This work did not suit him as he had to work in an underground room insufficiently ventilated. About Christmas time his health broke down, and he had an attack of bleeding, for which I attended him at his house. The house is large (two rooms), high ceilings, very airy, and scrupulously clean, and the patient is most particular in carrying out the instructions gained while in hospital. It was difficult when he was laid up to get proper nourishment, but one of the Samaritan Committee took a great interest in the case, and helped very materially. Eventually, on the plea of getting relief for his family, he consented to go to the open-air wards at Craiglockhart Poorhouse, where he stayed some two months and derived great benefit. He is now home again, and has started a small business as tobacconist and news agent.

Case of R. C.—Age 20, vanman. This lad was sent to the Dispensary by his doctor in May 1905, and had at that

time advanced phthisis. His father and two sisters had previously died of the same disease, and in the same house as patient lived in. The mother and the two sisters had a hard struggle to make ends meet, and the extra food required for the patient was a heavy drain upon their resources. The patient was almost entirely confined to bed after I first saw him, and gradually got worse. One of our Samaritan ladies visited him frequently and was of the greatest help, while nurse also did everything in her power. We were able to get an allowance for the mother from the Parish, and to assist her in other ways while she was nursing her boy, who died about the middle of March.

ABSTRACT OF THE CLERK AND TREASURER'S ACCOUNTS, from 31st March 1905 to 31st March 1906.

I.—ORDINARY INCOME AND EXPENDITURE ACCOUNT.

INCOME.

Revenue received—

1. Subscriptions and Donations—	
Per Treasurer (page 41)	£1,182 19 8
Per Lady Collectors in Edinburgh (page 54)	772 5 4
Per Public Works (page 55)	110 9 4
Per Lady Collectors in Country Districts (page 84)	1,365 8 4
Per Sunday Schools (page 85)	3 19 9
Per Collecting Boxes (page 85)	77 5 1
	<u>£3,512 7 6</u>

2. Contributions from Patients towards Maintenance	911 8 6
3. Dividends and Interest received	59 17 9
4. Donation to Research Fund	10 0 0
5. Miscellaneous	86 4 11
	<u>£4,579 18 8</u>

Excess of Ordinary Expenditure over Income carried to Extraordinary Account 1,186 5 1

EXPENDITURE.

I. Payments in connection with the Hospital—

1. Provisions	£2,598 10 0
2. Salaries to Resident Staff	283 5 5
3. Servants' Wages	273 16 2
4. Rates, Taxes, and Insurance	132 11 8
5. Heating and Lighting	345 8 9
6. Furnishings and Repairs	288 1 1
7. Medicines and Medical Appliances	170 10 0
8. Expenses of Laboratory	140 10 0
9. Upkeep of Grounds, including Upkeep of Horse	152 14 6
10. Matron's Sundries	27 16 7
	<u>£4,413 4 2</u>

II. Payments in connection with the Dispensary—

1. Rent, Taxes, and Insurance	£50 7 7
2. Salary to Medical Assistant	60 0 0
3. Nurse's Salary	28 6 3
4. Coals and Gas	11 6 2
5. Furnishings and Repairs	2 2 4
6. Caretaker's Wages	48 0 0
7. Medicines and Medical Appliances	244 13 3
8. Caretaker's Incidents, £9, and Miscellaneous, £7, 10s. 6d.	16 10 6

III. Interest Paid

IV. Printing, Stationery, and Advertising

V. Commission and Expenses of Organising Secretary, including Travelling Expenses

VI. Expenses of Management and Auditor's Fee, £10, 10s.

VII. Postages and Miscellaneous Payments, including Expenses of Annual Meeting, £34, 14s. 8d.

461 6 1
217 10 9
231 2 10
266 13 3
110 10 0
65 16 8
<u>£5,766 3 9</u>

II.—EXTRAORDINARY ACCOUNT.

CHARGE.

Funds as at 31st March 1905	£3,603	4	8
Legacies received (page 85)	350	0	0
Donation by Mrs. Cossar, Corstorphine, the Income from which is to be applied towards the Upkeep of the Hospital	1,000	0	0
Balance of sum received for Special Appeal for Funds issued in March 1905 (page 85)	£381	18	0
<i>Deduct</i> —Expenses thereof	11	15	0
Amount received from the Committee of the Great International Fair held in Edinburgh on the 22nd, 23rd, 24th, and 25th November 1905 in aid of the Funds of this Institution, as per audited Statement	£13,480	19	8
<i>Add</i> —Received since	103	3	8
	£13,584	3	4
<i>Deduct</i> —Paid since	339	3	3
	13,245	0	1
	£18,568	7	9

DISCHARGE.

Excess of Ordinary Expenditure over Income, as per Income and Expenditure Account	£1,186	5	1
Funds as at 31st March 1906—			
On Deposit Receipt with Bank of Scotland	£2,712	9	8
On do. with Royal Bank	1,000	0	0
On do. with North of Scotland Bank	2,000	0	0
	£5,712	9	8
On Deposit with Town	1,000	0	0
On do. with Gas Commissioners	3,000	0	0
£1360 3/8% Debenture Stock of the National Telephone Company at cost	1,479	14	0
Balance in Commercial Bank of Scotland	388	19	1
Sum in Matron's hands to meet current weekly wages	25	0	0
Excess of Stuns received over payments made after 31st March 1906, applicable to the year, and included in above	775	19	11
	17,382	2	8

EDINBURGH, 21st June 1906.—I have examined the Accounts of the Intronnissions of the Clerk and Treasurer of THE ROYAL VICTORIA HOSPITAL FOR CONSUMPTION for the year ending 31st March 1906, of which the above is an Abstract, and have found them correct.

EDWARD BOYD, C.A., Auditor.

£18,568 7 9

NOTE OF ENDOWMENTS.

"Howard Graham Usher Bed"	£1,000	0	0
Donation from the late Julius H. Beilby, Esq., the Income available for Ordinary Expenditure	500	0	0
"George Vallance Bruce Bed"	1,000	0	0
"W. E. Miller Bed," £1000, less Duty	909	6	8
"Sir A. and Lady Oliver Riddell Bed"	1,000	0	0
Mrs. Cossar, Corstorphine	1,000	0	0
	£5,409	6	8

REPORT of the Annual Meeting, held within the Hospital Grounds, on Friday, 22nd June 1906, at Three p.m.

THE ANNUAL MEETING of the Hospital took place in the grounds of the Hospital on Friday afternoon, 22nd June, and was well attended. Sir Alex. Christison, Bart., presided, and on the platform were—The Lady Dunedin and the Hon. Miss Graham Murray; Sir Ralph Anstruther, Bart., of Balcaskie; Sir Arthur Mitchell, K.C.B.; Brigade-Surgeon Lieut.-Col. James Arnott, M.D.; Dr. R. W. Philip; Sheriff Guthrie, K.C.; W. Gardner Sinclair, Esq., J.P.; W. S. Brown, Esq., Treasurer of the City; The Very Rev. Dean Wilson, M.A.; Dr. P. A. Young, Treasurer, Royal College of Physicians; Rev. Dugald Butler, M.A., Tron Parish; Edward Bruce, Esq.; Major-Gen. Dalmahoy; the Rev. Archibald Bell; Dr. Gulland; Rev. Canon Dawson; the Rev. Dr. Blair; Stewart Kennedy, Esq.; Dr. Macpherson; Dr. Downes; L. A. Guthrie, Esq., W.S.; Mr. Norman Cairns, C.A., Clerk and Treasurer, etc.

The CHAIRMAN said: "Next year, I hope, we may be able to meet within a more solid structure—in the new buildings, which, thanks to the wonderful success of the great fancy fair last November, which placed a large amount of money at our disposal, we intend immediately to erect. We are still, I am glad to say, getting money in, and I have great pleasure in reading this letter—


" ' CALEDONIAN UNITED SERVICE CLUB,
EDINBURGH, 1st June 1906.

" 'Dear Dr. PHILIP,—My father has asked me to send you enclosed £1000 for The Royal Victoria Hospital. Would you very kindly have the attached receipt signed and returned to me.
—With kind regards, yours truly,

ALAN FOSTER.' "

"We have managed hitherto to conduct the affairs of this Institution without any regular Constitution. We think we have managed pretty well, and the public, by their patronage and their assistance, have also shown their approval of our efforts. But we think the time has now come when we should have a regular Constitution. The document which is in your hands, in print, has been carefully prepared. We have agreed, among ourselves in Committee, that the proposed Constitution is a good one, and I have to move now, 'That the Constitution and the Rules be adopted.' "

Sir ARTHUR MITCHELL, K.C.B., seconded, and the motion was cordially passed.

Sir  RALPH ANSTRUTHER, Bart., moved—

“That the Annual Report be adopted, printed, and circulated.”

He said: “In the first place, I think it is appropriate that I should congratulate all concerned on the great success of the bazaar which was held last winter. Those who took the enormous amount of trouble to bring about this result, must be supremely gratified. The result not only shows that their efforts in themselves were praiseworthy, but it is also an evidence that we were supporting an Institution which has commended itself to the people of the country. I hope that by next year you will be able to see tangible results of the great liberality displayed by the public on the occasion of the bazaar.

“I should like to say a word on the extent of the operations of The Royal Victoria Hospital. It is right that the public should understand that this Institution, while actually a Hospital for the treatment of individuals suffering from a certain disease, is also for the investigation of the disease itself, and for minimising, if possible, the great loss and suffering which it entails upon the country. As regards the treatment of the individuals, that, of course, must be to a certain extent a local interest, but the pursuit of the enemy, if I may call it so, into all its ramifications and into all its sources, makes the work of this Institution of national concern.

“As regards the poor sufferers themselves, I wish to draw your attention to the fact that the applications for admission are more than can possibly be dealt with. That, we hope, will be to a certain extent remedied. At the same time it is certain that, as public intelligence and information on the subject of tuberculosis becomes spread, there will be more applications for admission than there are now. Therefore it will undoubtedly be the case that those who have set their hands to help this Institution must look forward to having calls made upon their benevolence and beneficence in an increased degree in the near future.

“It is gratifying to note that so many of the patients are able to contribute very considerable sums to the expenses of the Institution, in return for the benefits they receive. If you turn to the Statement of Accounts, you will see that about 20 per cent. of the amount received toward maintenance was contributed by the patients themselves. That, I take it, is a very satisfactory feature of the Report. It shows that persons in all grades of society are willing to avail themselves of the new knowledge which is ready for them, and to do so at their own expense. There is another point I also notice with satisfaction, and that is that the Stewartry of Kirkcudbright has made a donation of £320 per annum for the endowment of four beds, retaining the right of nominating the patients for these beds. That, I think, is the first practical beginning of the association of Local Authorities who have charge of the public health with this Institution—I am quite sure it will not be the end. I can testify from personal knowledge

that other Local Authorities are investigating this subject for themselves, and I have no doubt many of them will come to this Institution for advice, and very possibly follow the example of the Stewartry of Kirkcudbright, by arranging to co-operate with them in the work which is carried on here.

"The results of treatment are satisfactory. Of course we cannot be always successful. But the more one goes into the subject, the more one sees that this disease, which we are banded together to combat, is one that can be successfully fought in a great many cases. I am sure that, as information spreads and as people become more versed in the way to treat this disease, successful consequences will more and more increase.

"The knowledge of these means is not only being spread through the Hospital itself, but also, and very widely, through the agency of the Dispensary and the Convalescent Colony. Another feature of the Report which I think is worthy of particular notice is that systematic investigations are being carried on, with the view to ascertain the distribution of this disease among the homes of the people. I think that the information collected in that way cannot fail to be of value, not only to this Institution, but to the Public Health Authorities. 'Facts are chieftains that winna ding,' and if we can only arrive at facts we shall be in a better position to apply our knowledge more usefully than we have hitherto been.

"You will see by the Report that an analysis of some of these records has already yielded important facts with reference to the disease, especially with reference to the class of people who suffer from tuberculosis and to the manner in which it is spread. This touches questions of house accommodation and local surroundings; and it is gratifying that in all parts of the country the housing of the people is now receiving so much attention. Improvement has been made in that respect within the last twenty or thirty years, and I feel sure that the more Local Authorities are able to improve the dwellings of the poor, and the people themselves endeavour to improve their surroundings, the more likelihood there is of this fell disease being diminished.

"There is one other fact I should like to draw attention to, and that is that the methods of this Hospital have been widely followed, not only in this country, but also on the continent of Europe. It must be most gratifying to all who have taken any share in the work of this Institution to feel that it is under the care of one who is not only well fitted for the post, but who is acknowledged by experts at home and abroad to be one of the best authorities on the subject. That is a guarantee that everything done here will be done in the best possible way, and according to the most modern notions as to how such things should be conducted.

"We now come to one of the unsatisfactory features of the Report. That is the financial state of the Institution. Now it is not pleasant for the authorities of the Hospital to have to state that their ordinary expenditure exceeds their ordinary income by no

less a sum than £1186. Of course, out of special income the Committee were able to make that good. But, at the same time, what is desirable in such Institutions as this is that the ordinary expenditure should be met by ordinary income. I do believe that, since so much attention is now drawn to the treatment of tuberculosis, that the Committee will find in the near future that this defect will be remedied. It can only be done, however, by patient and persevering work, by those more immediately connected with the conduct of the Institution making better known, throughout the length and breadth of the land, the public-spirited work that is being done. I do believe that if all who are interested in the matter will take the trouble to bring the claims of the Institution to the knowledge of even one person each, it will be possible to feel that the income has been set on a solid and satisfactory basis. I feel sure that the resolution I have the honour to submit will be adopted at once by all here, because you know and sympathise with the work of the Institution; but I hope that the appeal I make will reach further than the limits of this tent. It is my view that an appeal for such an Institution as this is one that should commend itself to the whole Scottish people. (Applause.)

"The campaign against tuberculosis is comparatively in its infancy. We know from statistics that the campaign has so far been marked by success. But, unfortunately, there is still a large amount of ground to be covered and the end is not yet. I firmly believe that the time is not so far distant when tuberculosis will be brought to the state in which smallpox is now, and that, instead of being one of the commonest and most distressing diseases we have to deal with, it will be one which will recur at comparatively rare intervals, and that when it does occur it will be immediately seized upon and stamped out, to the great and manifest advantage of all classes of the community.

"It is curious that, like so many other valuable inventions, the methods which have been found to be successful in suppressing this disease are surprisingly simple both in their character and in the expense which they involve. They are so simple that they seem to be almost incredible. At the same time, we feel that we are now on the right road. The simple road, I might say the simple life, is the one that leads to health. There are many thousands of men and women whose cases a few years ago would have been considered hopeless, and who have now, by judicious treatment and by proper nursing, a chance of life. I believe that the moment is opportune for every effort to be made in this direction.

"I should like to emphasise one thing, and that is this—Scotland has taken a lead in this subject in the past, and I hope it will continue to maintain its lead. Success in this crusade not only means happiness to the individual, but a greater measure of prosperity and happiness to the country." (Applause.)

W. S. BROWN, Esq., Treasurer of the City, said: "I have great pleasure in seconding the adoption of this Report so far as it refers to the past work and the future operations of this Institution.

"I think this is a most delightful Report that has been put before us to-day. It will bring comfort and cheer to many a home to know that there is a possibility, at an early date, of additional accommodation being provided for those for whom there is great hope of recovery.

"I am quite certain that there ought to be a closer connection betwixt the organisations of this Institution and the Public Health Officer of the City. I do not know that we all realise the amount of family and individual history that you have compiled during these years by what you have termed your central organisation or the Dispensary. I think that knowledge ought to be utilised and paid for in connection with the public health of the City.

"When we know that in Edinburgh the deaths from consumption, in its one form, are in excess of all the deaths from all zymotic diseases, we at once see how much there is still to be done; but we have reason to-day to thank God and take courage for what has been done during the years that this Institution has been in existence.

"I am not at all despondent with regard to the financial position of the Institution. Sir Ralph Anstruther very properly drew attention to the unfortunate deficiency between the ordinary income and expenditure. But there is cause for congratulation that the deficiency is not so great as last year. Then I see that you have managed to reduce the expenditure. There is certainly great cause of rejoicing when we turn to the Extraordinary Account. Last year you had only some £3600 at your credit, while to-day you have upwards of £18,000 to go forward with to the work which is before you. I see also that there have not been so many legacies this year as in the year before. I am sure your Treasurer would rather have donations now than wait for legacies that are known to be in somebody's will. My advice, therefore, to all who think of giving money to this Institution, is to give it now, and not to wait to put it in their wills.

"Looking to the ordinary income, one is somewhat disappointed to see that, after all the enthusiasm created in Edinburgh last year for the Institution, the amount collected in the city is somewhat smaller than before. But I suppose that the cause of that is just this, that a great many people were helping Lady Dunedin with gifts and other things for the bazaar, and could not give a subscription to the collector also. Then your subscriptions from public works are down by about £20.

"On the other hand, it is satisfactory to see that the sum from the country districts has increased. Patients are being drawn from all parts of Scotland, and there are still a good many districts sending patients that do little for the Institution. That is a matter that might well be brought under the notice of the collectors in

these counties. I see before me many who are interested in Sunday Schools—ministers, superintendents, and teachers,—and I regret to notice that the collection from Sunday Schools is only about a half of what it was the year before. I think, if the claims of this Institution were brought before the children and young people, they would contribute to a greater extent than they have done in the past.

“Many ladies and gentlemen have done a great deal for this Institution. They are willing to do a great deal more, and one way they can do so is to continue to bring before the people the great good this Institution is doing. One thing I know Dr. Philip would like, and that is that some lady or gentleman would present the Institution with, say, fifty acres of land in a suitable locality, so that he might found an after-care, or working, Colony, on which he has set his heart. I hope that such a gift may soon be heard of. I have great pleasure in seconding the resolution.

“As you know, the Town Council have lately set apart fifty beds at Colinton Hospital for those far advanced in consumption, and who were a danger to those about them. In the selection of these cases, I think we ought to co-operate with you, for I understand that some of the cases are not of the kind it was intended to send out there. As I said before, I think you ought to be subsidised in some form in connection with your Dispensary work, whenever the Public Health Committee and Public Health Officer are ready to co-operate with you, and to get full advantage of the splendid information you possess.” (Applause.)

The resolution was passed unanimously.

The Lady DUNEDIN, who was received with applause, said: “The resolution I have to move is—

“‘That The Royal Victoria Hospital for Consumption, in its various departments, is worthy of most liberal support from all classes of the community.’

“This is a very pleasant task that has fallen to my lot. The words of this resolution express accurately my own feelings on this subject, and I am sure they equally well express the feelings of all here present. Can we imagine a more worthy work for our liberal support and encouragement than the Victoria Hospital, which is doing such a splendid work amongst us? Within the last few years we have all woken up to the danger of that terrible disease—Consumption—which is amongst us, and which, sooner or later, we come in contact with in some of its stages. I think we must all feel that surely here is an object which calls for all classes to join hands in combating, and to help those who are fighting, the scourge.

“I should like to point out that The Royal Victoria Hospital is doing a great work not only here at the Hospital, which is the head of its ramifications, but by means of agencies throughout the city. There is the Dispensary where outdoor patients get advice, there are the nurses who attend to patients in their own homes, and

there are many other ways, as stated in the Report, in which the Victoria Hospital is helping on this great crusade. Perhaps we do not all realise as we ought that this is the centre of a great and splendid work.

"There is another reason why the Victoria Hospital is entitled to the sympathy and support of all classes of the community ; it is because it is, I think, the only one of its kind which admits patients free of charge altogether. It is helping a class who are unable to help themselves. I do not mean by that, actual paupers. I mean people of both sexes who have to work for a living, and who, on account of this disease, are unable to continue at their work, and therefore unable to pay for their keep. Such are admitted here free of charge. There are others who are admitted at a small nominal charge, £1, 1s. a week, which is inadequate to cover the cost of their treatment. The drawback of most other sanatoria is that poor suffering people cannot pay the charges, and therefore cannot avail themselves of their benefits. But this Hospital is for the poorer class, and has claims on that account to our support. When one sees what is done for the people here, one feels that no effort made for the Hospital is too great. Nothing we can do will be thrown away upon such a great and good object as this.

"I think we should make a point of looking upon this Hospital, not only as a local institution, but as part of a great scheme for fighting consumption. If we realise that, we shall realise the important part we have to play in helping it to the utmost of our power. Some great statesman has said that 'Union is strength,' and, if that is the case in politics, surely it must be the case also with any great philanthropic movement for the benefit of the country. In this case, we ought to join hands and fight together against a foe which has done such havoc in our midst. The Royal Victoria Hospital has certainly been a great success in the past. Thanks to Dr. Philip, and to the enthusiasm of the excellent staff by which he is surrounded, that success has been greater than could have been hoped for. Remember that nineteen years ago he began his crusade against this terrible disease in a small room up a stair in Bank Street. He is the pioneer of the movement, and that is how he began his work. I am sure it must be gratifying to look round and to see how enormously wider has interest in the matter become.

"There is still more to be done. There are still many patients for whom there is no accommodation. But I hope the money so generously given at the Bazaar will go towards remedying this state of things, and that soon there will be more accommodation, and therefore more patients admitted. We must remember that we must not relax any of our efforts, but continue to realise that this excellent Institution requires our annual support, our annual help, and our lasting interest, and that is what I would ask you, ladies and gentlemen, to give." (Applause.)

The Very Rev. Dean WILSON said: "I count it an honour to be asked to second this resolution. I think it is a great privilege to succeed so able a speaker as Lady Dunedin, because it absolves one from the necessity of saying much. I should like to draw attention to two things. One is the extreme desirableness that inroads should not be made to any further extent than has been done in the past year upon the large sum obtained from the bazaar, in order to meet annual expenditure of the Hospital. That bazaar was undertaken for the extension of this noble work; and the extension of this noble work, ladies and gentlemen, involves a larger annual expenditure. Therefore one has a hope that, the bazaar having been so successful, not only in raising money but in drawing attention to this work, it will produce indirectly a very largely increased annual revenue from subscribers towards the Hospital funds.

"Perhaps I ought to say what a sad thing it is that, owing to the limited accommodation which the Hospital has for patients, sufferers from consumption are often left at home until they have reached a stage that it is of no use for them to be brought here when their turn comes. Their disease has become incurable. And it has to be remembered that in that time they may spread the disease in their own homes amongst members of their family. It is not merely for the saving of such lives, but for the saving of numberless lives who come under infection that it is extremely desirable that there should be prompt and ready attention given to the first symptoms that develop themselves of this most insidious disease. I can speak in this matter from experience. Among the poor of my own congregation, many cases that have had to wait have developed fresh cases that have been brought into contact with them."

The resolution was adopted unanimously.

Dr. YOUNG, Treasurer of the Royal College of Physicians:

"I have much pleasure in moving the following resolution:—

"That the best thanks be accorded to the Committee of Management, the Medical Staff, the Samaritan Committee, the Lady Collectors, and the Visitant Clergy for their valuable services during the past year."

"Taking the first two heads, the Committee of Management and the Medical Staff, we are deeply indebted to those gentlemen for the services they have rendered to the community. You know that some years ago there was a crusade started against consumption. A sort of wave went all over Europe, and this country took part in it, with our gracious King at its head. The institution of the Victoria Hospital saved the credit then of one of the first medical cities of the world. If it had not been for the exertions of Dr. Philip, we should not have had such an institution for the study and treatment of this disease. Therefore we of the medical profession are under a deep debt of gratitude to those gentlemen

mentioned in the resolution for their work in this direction, both for the institution of this Hospital and for the treatment of those directly affected by the disease.

"We are apt to think that the benefits of such an institution as this are confined to those who are patients in the Hospital, but that is a narrow view to take of it. This is a disease that is not confined to any class. The highest and the lowest are attacked by it, and doctors in their practice know that they can appeal at once to such an institution as this in regard to the treatment and management of their cases. I am an old enough member of the profession to have seen many phases in the treatment of this disease. Formerly the only treatment we had was to exile our patients, causing a great deal of trouble and anxiety to themselves and their friends by sending them to the south of England or the south of Europe. The treatment nowadays can be done at our own doors. For these and other reasons I think we are deeply indebted to the Committee of Management and the Medical Staff.

"We are also indebted to the Samaritan Committee, who take hold of the patients at a critical time after the Hospital has done them some benefit, and they are about to return to their own homes. We are also indebted to the Lady Collectors. It is a very ungracious task that of a Lady Collector. If we don't always give them a subscription, we should at least always be kind to them. Then as to the Visiting Clergy, who come to conduct services here, and also to visit the sick, the Clergy are always a great help to the medical profession. We are deeply indebted to the Clergy who have visited the Hospital."

The Rev. DUGALD BUTLER, M.A., seconded the motion: "I should like to say very briefly that this Institution is a great Christian institution. The great work of the world is done not by the speakers, but by the quiet, silent forces that act from day to day, and among these I would class the Committee of Management and the Medical Staff, and the Lady Superintendent and all the nurses. Then we have the work of the ladies who go from door to door, and without whose services this great work would collapse. We have to make recognition of the work done in organising the services from Sunday to Sunday, which are taken part in by all the Clergy. I am sure the Clergy all feel that there is no Sunday in the year stands out with brighter lustre than that on which they conduct the open-air service at the Victoria Hospital."

The motion was passed unanimously.

On the motion of Sheriff GUTHRIE, K.C., a cordial vote of thanks was accorded to the Chairman.

Rules for Consumptive Patients and Those Looking after Them.

(As issued to Out-Patients at The Royal Victoria Hospital.)

Consumption is a communicable disease. It may pass from person to person. It may pass from one lung to the other, or from one organ to another.

The chief source of infection is the expectoration of the consumptive. The great danger lies in the drying of the expectoration, and the blowing about of the dried infectious material.

The spread of consumption can be largely prevented. *If the succeeding directions be obeyed, there need be no serious danger in ordinary intercourse with patients. The breath of the consumptive is not directly infectious.*

The patient should expectorate into a jar or cup containing a tablespoonful of carbolic acid (1 to 20) or other disinfectant.

The vessel should be changed once in twelve hours, or oftener. It should be cleansed by being filled up with *boiling* water. The combined contents should be poured down the w.c. The vessel should then be washed with *boiling* water.

When the patient is out of doors, he should carry a pocket spitting flask (such as The Royal Victoria Hospital model). The flask should be used and cleansed like the jar. The patient should never spit on the streets.

The patient should not use handkerchiefs for expectoration. If this ever has to be done, the handkerchief should be of an inexpensive material, that it may be burned after use. Squares of rag or paper, which may be used for convenience, should be similarly treated.

The expectoration should on no account be swallowed, for thereby the disease may pass to other organs.

Consumptive patients should avoid kissing.

Consumptive mothers should not suckle.

Patients with pronounced disease should have special table utensils.

If expectoration has been accidentally deposited on the floor or other object, it should be wiped up and burned, and the surface of the object cleansed with strong antiseptic.

Rooms which have been long occupied by a consumptive patient should, before occupation by someone else, be carefully disinfected, as after other infectious disease.

FRESH AIR is the *food of the lungs*. Therefore, see that the lungs be not starved.

A.—By Day.—The patient should occupy as airy a room as possible. It must be scrupulously dry, and preferably removed from the ground. *The window should be freely open.* When able, the patient should be out of doors once or several times during the day. He must *avoid over-effort*, and damp, or chill, which would counteract the benefit.

B.—By Night.—He should sleep alone. The bedroom should be large and airy. *The window should be kept freely open in all weathers.*

Copies of these, on card, can be had for distribution, price 2s. 6d. per 100, on application to the Physician, The Royal Victoria Hospital for Consumption, Edinburgh.

Regulations for the Admission of Patients.

1. The Royal Victoria Hospital for Consumption, Edinburgh, is founded for the treatment of patients suffering from Consumption who are in necessitous circumstances.

2. No patient whose household is in receipt of Parish Assistance shall be considered eligible for admission.

3. Patients will be admitted to indoor treatment, only if the Physician is satisfied that the case may reasonably be expected to benefit thereby.

4. Subject to the above restrictions, patients will be received in order of application, according as vacancies may occur.

5. A small number of beds is available for patients able to contribute £1, 1s. weekly towards the cost of maintenance. Patients will be admitted on this basis strictly in order of application, and only on condition that they can contribute the weekly sum for four months, should residence for that period be deemed desirable by the Physician.

6. The length of residence in hospital will depend on the nature of the case. With regard to this the Physician shall be the judge.

7. No case shall be admitted twice within one year.

8. In entering the Hospital, patients agree to conform rigidly to the Rules of the Institution. No patient shall be readmitted if he has once been discharged for breach of Rules.

9. Applications for admission should be made directly at the Out-Patient Department, 26 Lauriston Place, or by letter, addressed to the Clerk and Treasurer, Mr. NORMAN CAIRNS, C.A., 4A St. Andrew Square, Edinburgh.

THE DISPENSARY AND OUT-PATIENT DEPARTMENT

26 LAURISTON PLACE.

1. The Dispensary is open for consultation to all necessitous patients suffering from Consumption or Diseases of the Chest, on Mondays, Wednesdays, and Fridays, at 3 p.m.

2. Medicines are dispensed *gratis* only to such patients as the Physician ascertains to be in need of such further assistance. A formal charge of One Penny will be made for each prescription so dispensed.

3. Patients shall not receive advice or medicines unless they attend punctually at the appointed hours, which are indicated on the Prescription Form.

The above Regulations are subject to alteration by the Acting Committee.

July 1906.

THE DISPENSARY and OUT-PATIENT DEPARTMENT,
26 LAURISTON PLACE, is open for the Reception of
Patients on MONDAYS, WEDNESDAYS, and FRIDAYS,
from 3 to 4 p.m.; and for the Dispensing of Medicines
Daily (except Sunday), from 10 to 10.30 a.m., and on
Mondays, Wednesdays, and Fridays, from 6 to 6.30 p.m.



THE ROYAL VICTORIA HOSPITAL FOR CONSUMPTION

EDINBURGH



SEVENTEENTH ANNUAL REPORT

(1906-1907)

Patron—HIS MAJESTY THE KING

DISPENSARY AND OUT-PATIENT DEPARTMENT

26 Lauriston Place, Edinburgh

About 60,000 Persons die Annually of Consumption in the
United Kingdom.

The Royal Victoria Hospital for Consumption was established in 1887 as a Memorial of Queen Victoria's Jubilee.

In Memoriam Wards and Beds.

THE Trustees will be pleased to gratify the wish of any Donors who may desire to endow and name a Ward or single bed in The Royal Victoria Hospital. They purpose, therefore, to affix to beds in perpetuity the name of any benefactor of the Hospital to the extent of £1000 by donation or legacy, who so desires it, and to Wards in recognition of larger donations.

Lord Derby, when presiding at the opening of the New Extension Building to Brompton Hospital for Consumption, alluding in his speech to Memorial Wards and Beds, said—"One cannot dictate the form which affection and regret shall take to display themselves; every one must make their own choice; but for myself I cannot conceive a more satisfactory method of keeping alive the memory of a lost relative or friend, than by attaching his or her name permanently and inseparably to an institution which is intended to relieve suffering, and which for many generations to come may be a benefit to the living as well as a remembrance of the dead."

FORM OF LEGACY OR BEQUEST.

I give and bequeath to THE ROYAL VICTORIA HOSPITAL FOR CONSUMPTION, EDINBURGH, payable to the Treasurer of the Institution for the time being, the sum of
free of legacy duty.

"Regulations for Admission of Patients" will be found on third page
of Cover.

SEVENTEENTH ANNUAL REPORT
(1906-1907)

OF

THE ROYAL VICTORIA HOSPITAL
FOR CONSUMPTION

EDINBURGH

Patron—HIS MAJESTY THE KING.

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26 Lauriston Place, Edinburgh

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 Macleod, Miss C. C., 1 Mayfield Road.
 Macnab, Miss Daisy, 7 Denham Green Place.
 Macpherson, Miss, 4 Whitehouse Ter.
 Macqueen, Miss, 2 Clarendon Cres.
 Olsen, Miss, 4 Lomond Rd., Trinity.
 Pettigrew, Miss, 29 Melville Terrace.
 Philip, Miss, 52 Blacket Place.
 Pollard, Miss, 15 Chalmers Street.
 Porter, Miss, 16 Glengyle Terrace.
 Rae, Miss, 5 Cluny Avenue.
 Reid, Miss, 11 Alderbank Place.
 Reid, Miss, 5 Ravelston Park.</p> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

- Riddell, Miss, 40 Buckingham Terrace.
 Ritchie, Miss E. G., Airlie House,
 Arboretum Road.
 Robertson, Miss, 14 Braid Crescent.
 Robertson, Miss, 7 Eglinton Crescent.
 Robertson, Miss, 6 Mortonhall Road.
 Robertson, Miss C., 7 N.-W. Circus
 Place.
 Robertson, Miss J. M., 1 Kilmaurs
 Terrace.
 Rolland, Miss A. J., 16 Alva Street.
 Ross, Miss M. E., 6 E. Fettes Avenue.
 Runciman, Miss Beatrice, 9 St. Fillan's
 Terrace.
 Scott, Miss, 75 Great King Street.
 Scott, Miss E. H., Alvenley, South
 Oswald Road.
 Shearer, Miss, Portobello.
 Small, Miss, 28 Shandon Crescent.
 Smail, Miss, 13 Merchiston Place.
 Smerdon, Miss Nino, 129 Warrender
 Park Road.
 Smith, Miss, 47 Lauder Road.
- Spence, Miss E. S., The Holms,
 Granton Road.
 Stevenson, Miss, 18 Gillespie Crescent.
 Taylor, Miss, 6 Kilgraston Road.
 Taylor, Miss M. O., 11 Chamberlain
 Road.
 Thomson, Miss, Parkview, 74 Inverleith
 Place.
 Thomson, Mrs., 15 Wellington Street.
 Toshach, Miss, 9 St Leonard's Bank.
 Wallace, Miss, 13 Mayfield Gardens.
 Watson, Mrs., 40 Buckingham Terrace.
 Watt, Miss L., 10 Suffolk Road.
 White, Miss, Springbank, Ferry Road.
 Wilson, Miss, 20 Ann Street.
 Wilson, Miss, 32 Warriston Crescent.
 Wise, Miss, 5 Braid Avenue.
 Wishart, Miss, 18 Viewforth Gardens.
 Yooll, Mrs. W. Graham, 45 Stirling Rd.
 Young, Miss, 4 Learmonth Gardens.
 Younger, Miss G., 5 Lansdowne Cres.
 Yule, Mrs., 11 Brunstane Gardens,
 Joppa.

THE SEVENTEENTH ANNUAL REPORT

OF THE

COMMITTEE OF MANAGEMENT

OF

The Royal Victoria Hospital for Consumption, Edinburgh,

For the year ending 31st March 1907.

THE Committee have particular pleasure in submitting the present Report. Within a few months the Hospital's twentieth anniversary will be reached. THE ROYAL VICTORIA HOSPITAL FOR CONSUMPTION was founded in November 1887 as a Memorial of Queen Victoria's Jubilee. Its programme, which was an extensive one, has been, in great part, successfully realised. Its pioneer work in the organisation of measures against consumption has assisted much in the direction of public opinion and effort.

THE DISPENSARY.

The first step was the establishment of the Consumption Dispensary. The purpose of the Dispensary was the formation of a Central Institution, to which persons of the poorer classes affected by tuberculosis might be invited and directed. The idea was a novel one, twenty years ago. For more than a decade the Victoria Dispensary

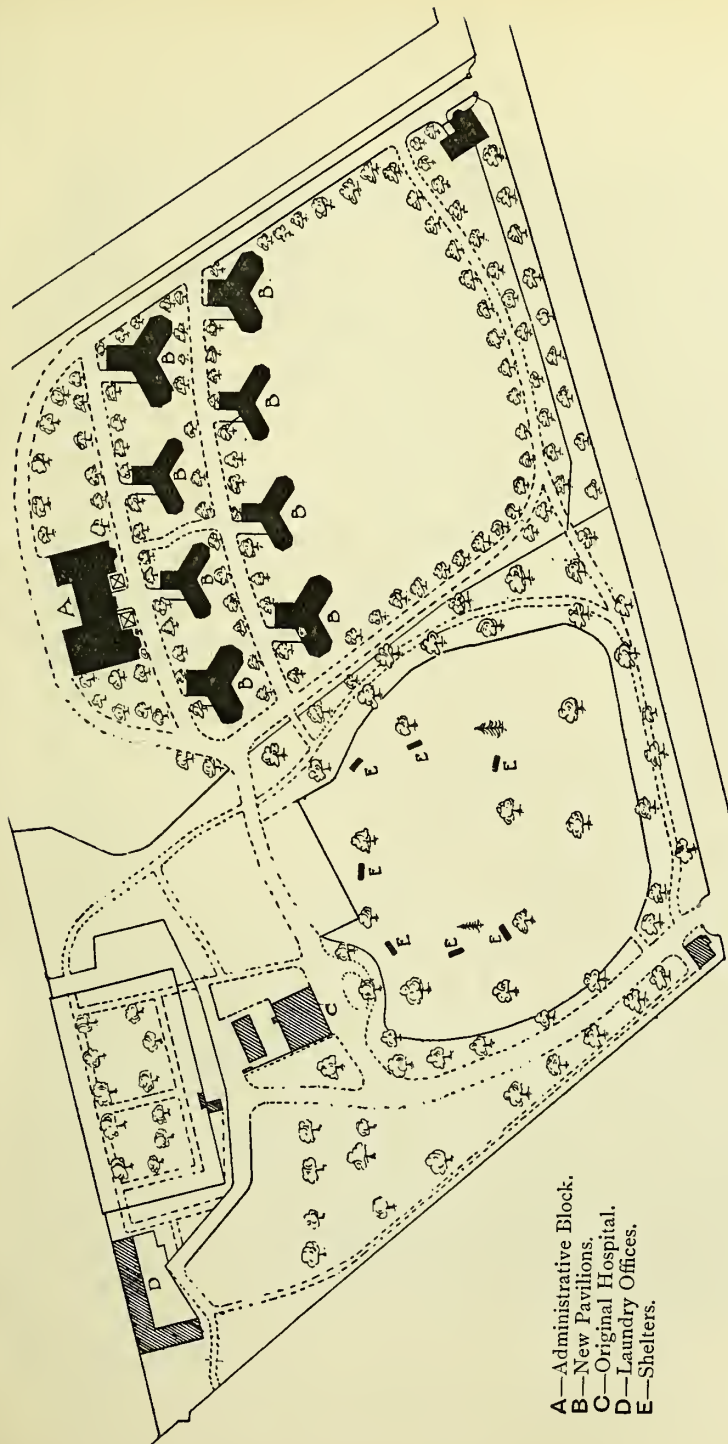
for Consumption was alone of its kind. Familiarity with its object has led more recently to widespread recognition of the significance of the Dispensary. During the past half-dozen years, consumption dispensaries have been created in Belgium, France, and Germany, and, in the last year or two, similar dispensaries have been founded in America, the United Kingdom, and the Colonies. It is matter for congratulation that the conception has proved to be of so universal application and value.

The Statistical Tables which follow (pp. 27-30) will show the far-reaching character of the Dispensary's operations.

Since its foundation, 16,589 individual patients have received guidance and treatment. Many have remained under supervision for years. During the past year, 17,483 attendances have been registered. During the year, the nurse has paid 1590 visits to patients at their own homes. At the Laboratory of the Dispensary, bacteriological diagnosis of tuberculosis is carried out wherever possible. Altogether 413 bacteriological examinations were made during the past year, and 480 notifications of the disease handed to the Medical Officer for the City, and 53 to the Leith Authorities. Selection of suitable cases for treatment in the Royal Victoria Hospital is made from day to day, while advanced or dying cases are recommended for admission to the Consumption Ward of the City Hospital.

In this way the Dispensary has served as a great "clearing-house," and bureau of information in matters relating to consumption.

The Dispensary operations also include systematic records of the home conditions of the patients, according to Schedule (*see* Appendix, p. 23), the inquiry being carefully undertaken at the patient's home by a Royal Victoria Hospital nurse, under the superintendence of one of the medical officers. There has been thus accumulated a considerable mass of valuable statistics and information regarding the incidence of the disease in Edinburgh and the district. These are steadily added to from day to day. No difficulty whatever has been experienced in obtaining the desired information.



- A—Administrative Block.
- B—New Pavilions.
- C—Original Hospital.
- D—Laundry Offices.
- E—Shelters.

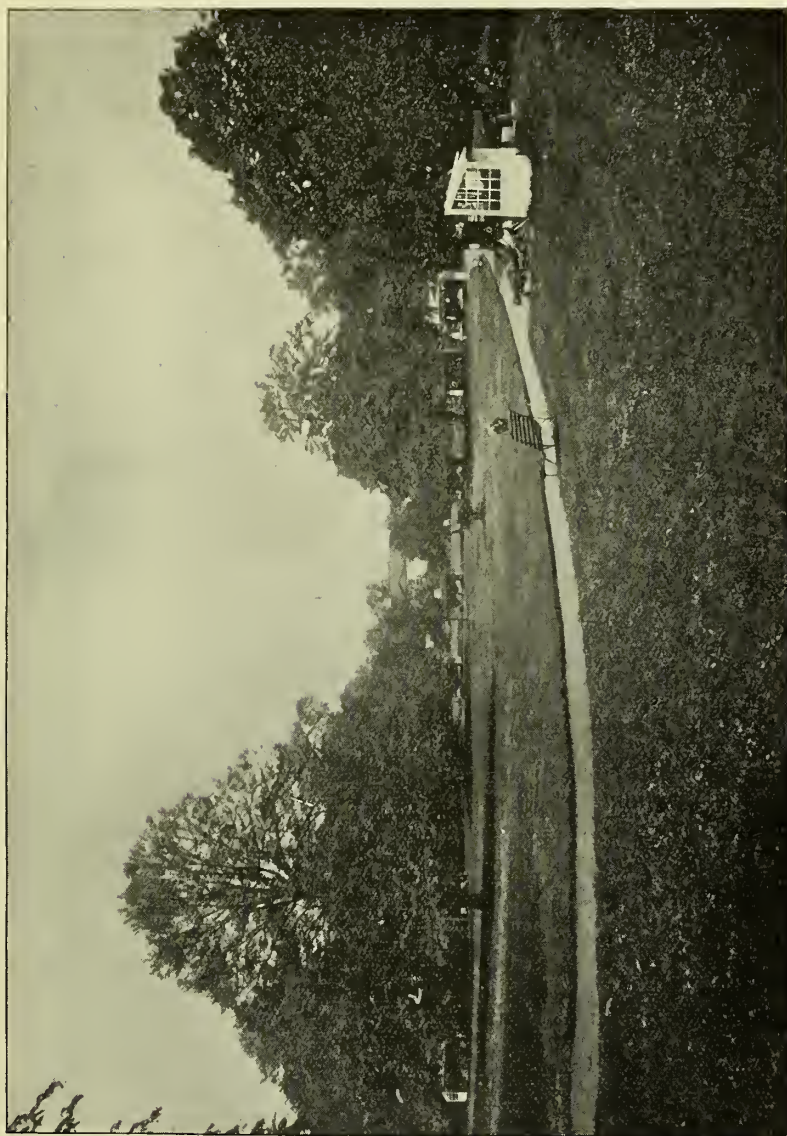
BLOCK PLAN OF THE ROYAL VICTORIA HOSPITAL.

These records yield important facts with reference to the disease. Thus details have been obtained as to the frequency of the disease in children and in housewives; its recurrence in certain houses and streets; its association with varying insanitary conditions of dwellings; the extreme frequency with which one or more persons share a room, or even a bed, with the consumptive patient; the varying amount of fresh air admitted into the dwellings by day and by night; the extraordinary extent to which the household washing is done in the affected dwelling-house; the frequency with which the consumptive patient changes his house, thus multiplying the infection again and again; the frequency with which a previous family, or house, infection can be traced; the entire absence, in the majority of cases, of precautions with a view to disinfection, either during, or after, the illness; and the effect of the disease in producing physical and financial distress in a more or less wide family circle.

HOSPITAL OR SANATORIUM.

A few years after the erection of the Dispensary, the Committee found themselves in a position to establish a Hospital for Consumption. In 1894 they came into occupation of the present advantageous site. Since then—thanks to determined effort and the generosity of friends—the development of the Hospital has gone on quickly. Two years ago came the gratifying announcement that His Majesty the King had been graciously pleased to honour the Institution by extending his Royal Patronage, and by granting the title “Royal” to the Hospital. Then followed, in November 1905, the wonderful success of the International Fair, which, after payment of all expenses, brought to the Committee the magnificent sum of £13,245.

No time was lost. The Committee announced, in last Report, that they proposed to proceed to the erection of two new pavilions for patients, and a central administration block, with dining-hall and kitchen for patients, and suitable quarters for the resident staff—which were badly needed—



GENERAL VIEW OF THE GROUNDS.

and they expected to transfer a considerable sum to the Capital Fund of the Hospital.

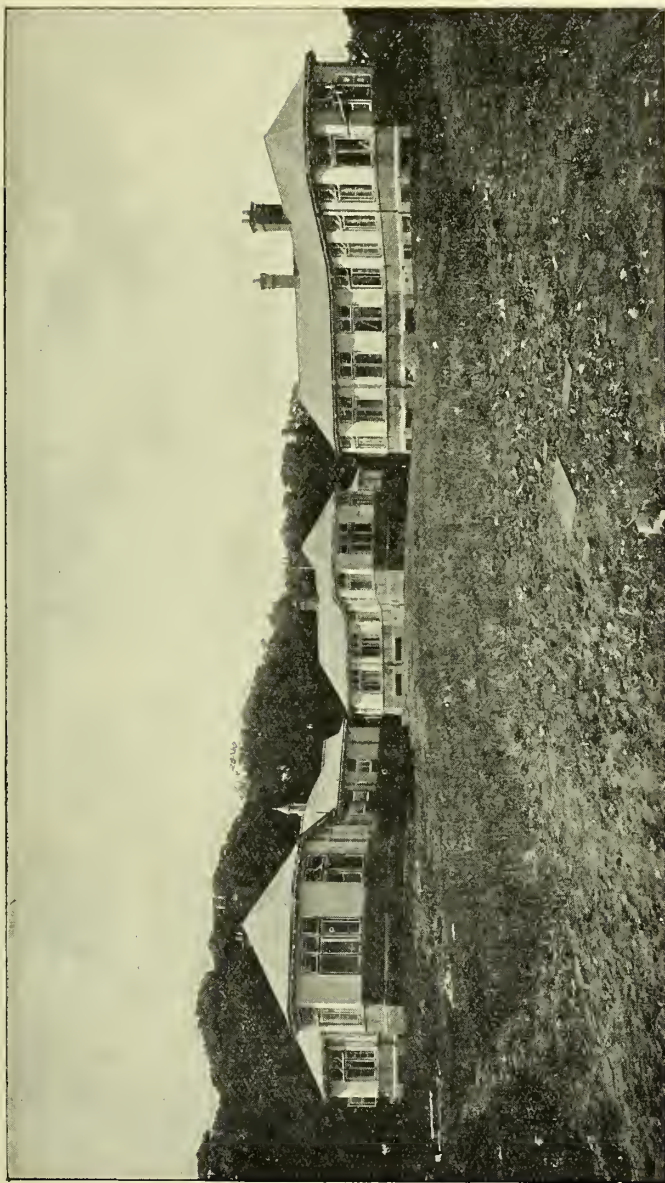
This programme has been carried out. The proposed buildings are approaching completion, and a respectable amount has been added to capital. The Committee hope to celebrate the twentieth anniversary of the Hospital by the inauguration of the new buildings.

The Statistical Tables (pp. 24-26) reveal the extent of present operations.

Since the opening of the Hospital till 31st March 1907, 1210 individual patients have been received for indoor treatment. To this number must be added 203 "visitant" patients, who enjoy the same régime as do the others by day, returning home to sleep. This yields a total of 1413 patients treated at the Hospital proper. The daily average number of patients enjoying the régime of the Hospital during the past year has been 80.

EXTENSION.

Applications for admission continue much in excess of available accommodation. At present there are seldom fewer than 60 names on the waiting list, to whom promise of admission in turn has been given. This distressingly large number is exclusive of many others, for whom application has been made, but who, from one reason or another, are found to be unsuitable. The Committee have once more to urge on the friends of consumptive patients that the hope of successful treatment is greatly lessened in advanced stages of the disease. The Committee feel it their duty, both towards contributors to the Hospital and consumptive patients themselves, *to limit admission of patients to those in whom there is reasonable ground to expect a cure, or at least permanent benefit.* So far as advanced cases are concerned, they are happy to recall that, thanks to the enlightened policy of the Town Council of Edinburgh, provision for 50 patients has now been made in the City Hospital. The Committee desire it to be understood that patients are admitted to the



Marshall Wane & Co., Photographers.

GENERAL VIEW OF THREE NEW PAVILIONS: FRONT ELEVATION.

Royal Victoria Hospital in order of application, and that delay in the reception of suitable patients is *solely* due to insufficiency of accommodation.

NEW PAVILIONS.

The present delay in admission will be largely rectified, though not entirely removed, by the opening of two new Pavilions which will provide beds for 28 additional patients. The pavilions, which are almost complete, are exactly similar in plan to the existing pavilions, which were described in a previous report, and which have been justly admired by many visitors interested in hospital construction (Figs. pp. 13 and 15). Like the earlier buildings, they have been designed by Messrs. Sydney Mitchell & Wilson, Edinburgh.

. ADMINISTRATIVE BUILDINGS.

The block, which is in course of erection from plans by the same architects, contains on the ground floor a general dining-hall, a general kitchen, stores, a dining-room for nurses, rooms for Resident Physician and Lady Superintendent, and a Board Room. The upper floor gives further accommodation for servants.

The main entrance is placed at the east end, and all rooms, with the exception of the kitchen and stores, are so arranged as to have a south aspect.

The dining-hall has been designed after the manner of an eighteenth century orangery, thus combining ample window space with architectural effect. The whole building has been arranged in the simplest possible fashion, so as to avoid expense, but none the less with happy attention to æsthetic effect.

A small bell-turret groups the buildings together pleasantly. The turret itself is serviceable, as a bell is required to summon the patients to meals from different parts of the grounds. The chief external ornamentation is on the gable over the entrance door. This gable is entirely filled with carving representing the royal arms.



Marshall, Wane & Co., Photographers.

INTERIOR OF NEW PAVILION, SHOWING ARRANGEMENT OF BEDS IN RELATION TO OPEN WINDOWS.

The Committee have the gratification of knowing that plans of the extension, showing the external elevations, which were submitted to the King, were graciously approved by His Majesty. A sketch of the buildings will be found on the opposite page.

CONTRIBUTING PATIENTS.

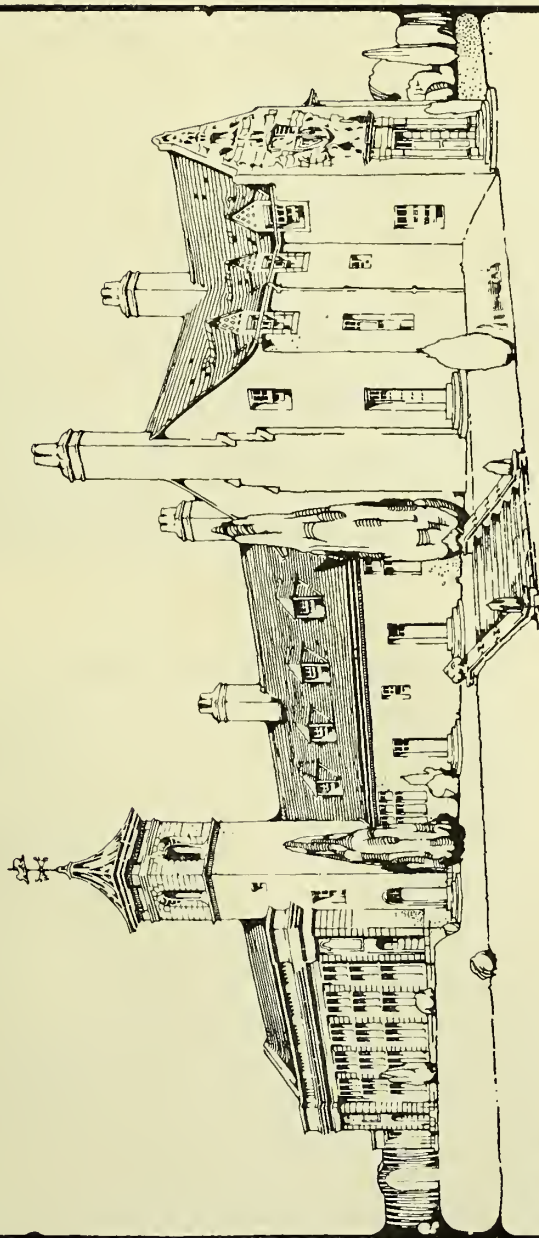
As mentioned in previous reports, the Committee have found it possible, by the institution of a system of contribution, to render available a few beds in excess of present ordinary resources. The contribution for such beds has been fixed at the small sum of one guinea weekly. This amount, while hardly covering costs, meets financial requirements. All the other beds are free. The system has the effect of curtailing the waiting period. Although contribution confers no privilege except precedence in admission, there are always patients eager to avail themselves of the arrangement. Such patients not only obtain immediate benefit for themselves, but indirectly benefit other patients on the waiting list.

Reference was made last year to an arrangement which the Committee had concluded with the Stewartry of Kirkcudbright for the maintenance of four beds within the Hospital for the benefit of patients from the county, on contribution by the Committee of the Stewartry Fund of £80 per annum for each bed. A similar scheme of co-operation has been arranged with the county of Dumfries. The Committee have received requests from other Authorities, and take this opportunity of saying that, subject to compliance with existing regulations of the Hospital, they are prepared to consider similar proposals with favour. They believe that such centralisation of effort makes for efficiency and economy.

RESULTS OF TREATMENT.

These have been most gratifying. A considerable proportion of the discharged patients have been shown, by careful enquiry over a number of years, to have

ROYAL VICTORIA HOSPITAL
SKETCH OF ADMINISTRATIVE BLOCK



ROYAL VICTORIA HOSPITAL—SKETCH OF DINING-HALL AND ADMINISTRATIVE BUILDINGS.

remained well and fit for work. Interesting examples of this aspect of the work will be found on pp. 31-33. It is not too much to say that by means of the Hospital hundreds of lives have been saved. Men and women have been rendered fit to return to ordinary work, while others have successfully taken up work of less exacting nature. The results would be more uniformly good if cases were recognised earlier and sent to Hospital during the certainly curable stage.

EDUCATIVE VALUE.

From the preventive point of view, the Hospital plays a vastly important part, as regards both the patients themselves and the public at large. The Hospital affords a great object lesson as to how to keep well as well as how to get well. The vicinity of the Hospital to the city, and the simplicity of the life of treatment—readily realisable by all—serve to illustrate first principles of much moment to the community.

TUBERCULOSIS COLONIES.

The Committee have more than once voiced the hope that some wealthy friend would afford them the opportunity of realising the proposal for the establishment of a working colony for convalescent patients, which they have long advocated as a necessary and economically sound extension of the Hospital. As a first instalment of the principle, a considerable amount of work has for many years been overtaken by convalescing patients while still resident at the Hospital. Thus, out of some eighty patients resident at any one time, approximately two-thirds do more or less to assist the work of the Institution. Of patients working the whole day, there is a joiner, an engineer, a bath attendant, a laboratory assistant, two gardeners, and a combined groom and gardener. There is a regular corps of painters—some six or more patients who work for a couple of hours in the morning, and a like time in the afternoon. In the case of patients who work all day, suitable remuneration is afforded, in addition to their keep.



PATIENTS AT WORK—GARDENING.



PATIENTS AT WORK—WOODCUTTING.

More is needed than this. The period of surveillance should be extended, in many cases to a year or more. This could be most effectively attained on a farm colony. The Committee believe that if only they are put in possession of a suitable piece of land within easy reach of the Hospital, the two divisions of the work would be found of mutual service, and the colony would become self-supporting.

WIDER ASPECTS OF THE WORK.

The Committee are gratified to find the widening interest in anti-tuberculosis efforts which is evident everywhere. The attainment of success in the movement against consumption and allied diseases depends, as Dr. Philip has pointed out, on the adoption of a carefully organised and co-ordinated plan of action. We should aim at uniformity of action throughout the country. The Scheme, sketched many years ago by the Victoria Hospital, includes the following factors :—

1. Notification of the disease.
2. A Tuberculosis Dispensary.
3. A Hospital for advanced and dying cases.
4. A Sanatorium for selected cases, with a view to cure.
5. Colonies for the after-care of convalescent patients, for whom supervised employment is desirable.

It is matter for congratulation that Edinburgh stands so well in the van in the prosecution of the campaign. The Town Council have seen their way to adopt notification of consumption within the city, and they have made excellent provision for advanced cases in the wards at Colinton Hospital. The other factors in the Scheme have been successfully elaborated during the last twenty years by the Royal Victoria Hospital. Already there is pleasant co-operation between the two bodies. The Committee of the Royal Victoria Hospital look forward to the possibility of still completer co-operation.

The efficiency of the Scheme has been recognised by the

Local Government Board in the remarkable memorandum regarding the Administrative Control of Pulmonary Phthisis issued last year by the Board—the perusal of which the Committee recommend to all persons interested in the prevention of consumption.

The general applicability of the Scheme has been testified to by a succession of visitors from all parts, and by requests which have reached the Hospital from America and various Continental countries for information regarding the Edinburgh system. By pleasant courtesy, the Victoria Dispensary has been called the Mother of Consumption Dispensaries.

SAMARITAN COMMITTEE.

The Samaritan Committee of Ladies has done a large amount of splendid work, especially among patients confined to their homes and impoverished by disease. Careful inquiry has been made regarding such cases, and ways and means for the relief and support of many deserving patients have been found. The efforts of the Committee are rendered still more effective through the services of the trained nurse, who, during the past year, has paid 1590 visits to such patients. The Samaritan Committee have received much valuable assistance from numerous donors of warm clothing, blankets, and the like. They will gratefully receive and acknowledge further kind gifts, addressed to the Dispensary.

REVENUE.

The excess of Ordinary Expenditure over Total Income for the year to 31st March 1907 is £195, 6s. This is much less than the excess reported for any previous year. It is still too great. The House Committee, which meets every month, watches carefully over every outlay in each department of the Institution. There has been a diminution of expenditure under most heads during the past year, and the total cost per bed has been reduced by about £6. There has been some increase in the receipts

from annual subscriptions. In view of the clamant need for increased accommodation to obviate the calamities incidental to the waiting list, *they would appeal most earnestly for a large increase in the amount of annual subscriptions, and an increased number of such subscribers.*

VOTES OF THANKS.

The Committee would thank the many friends who have already contributed by subscription or donation. A detailed acknowledgment will be found on pp. 38-90 of this Report. Valuable service continues to be rendered throughout Scotland by means of the Local Auxiliaries for the collection of subscriptions. The Committee beg to thank the ladies and gentlemen forming the auxiliaries for their generous labours in helping to extend the usefulness of this *National Institution*. They have also to record their gratitude to the members of the medical staff and other office-bearers, the lady superintendent and nurses, the ladies who have given their services in connection with the Samaritan work, and the lady collectors. They desire also to offer best thanks to the clergymen whose services have been so ungrudgingly given to the Hospital, both in the regular Sunday service and occasionally at evening prayers during the week.

In name of the Committee of Management,

A. CHRISTISON,
President.

APPENDIX.

(cf. page 8.)

THE ROYAL VICTORIA DISPENSARY FOR
CONSUMPTION.

SCHEDULE OF INQUIRY REGARDING DISPENSARY PATIENTS.

<i>No. in Ledger.....</i>	<i>Date of Report.....</i>
---------------------------	----------------------------

Name?	Age?
-------	------

Address?	Married or single?
----------	--------------------

Occupation?	Has patient changed occupation?
-------------	---------------------------------

Able to work full time?	Or part time?
-------------------------	---------------

If unable, confined to bed?

How long ill?

Situation of house (area, ground floor, 1st, etc.)?

Number and ages of inmates?

Number and description of rooms?

General aspect of house (clean, damp, dusty, smelly)?

Number of windows?	Can they open?
--------------------	----------------

Are they kept open (a) by day?

(b) by night?

Have they always been kept open?

Does patient sleep alone (a) in bed?

(b) in room?

How is washing of clothes done?

How long in present house?

If has moved within two years, previous addresses?

Have there been illnesses or deaths in house?

(a) In own time?

(b) In previous occupancy?

Exposed to infection (a) at home

(b) at work?

(c) among friends

Present health of other members of household

What precautions taken to disinfect?

T. B. in sputum?

T. B. in dust of room?

General dietary?

Teetotal?

General condition (well-to-do, badly off)?

Proximate income of household?

Assisted by societies, church, friends, rates?

Signed.....Reporter.

.....Medical Officer.

MEDICAL STATISTICS.

I. HOSPITAL—INDOOR PATIENTS.

From the date of opening, 1210 patients have been under treatment in the Hospital.

In addition to these, 203 patients have been allowed to spend the whole day at the Hospital, enjoying the régime and treatment, and going home at night.

Thus—

Resident Patients	1210
Visitant Patients	203
	<hr/>
	1413

TABLE I.—SHOWING OCCUPATIONS OF PATIENTS.

Architect's Draughtsmen	4	Drapers	9
Asylum Attendants	1	Dressmakers	38
Bakers	9	Dyeworkers	4
Barbers	6	Electricians	4
Black Borderers	1	Electrotype Finishers	2
Blacksmiths	13	Engineers	22
Boiler Firemen	1	Engravers	2
Boilermakers	1	Envelope Folders	4
Bookbinders	5	Factory Hands	24
Bookfolders	8	Feather Curlers	2
Booksellers	4	Firemen	1
Brassfounders	5	Fishermen	8
Brewery Workers	2	Footmen	2
Brick Kiln Setters	1	French Polishers	2
Bricklayers	2	Furniture Designers	1
Builders	1	Furniture Packers	1
Butchers	5	Gamekeepers	4
Butlers	5	Gardeners	16
Cabinetmakers	3	Gas Meter Index Makers	1
Cabmen	1	Glass Painters	1
Canvas Embossers	1	Glassworkers	6
Canvassers	2	Globe Menders	1
Carriers	1	Golf-club Makers	2
Charwomen	2	Golfers (Professional)	4
Chemists	4	Governesses	3
Claypipe Makers	2	Grocers	14
Clerks	98	Grooms	7
Coal Merchants	1	Gunsmiths	1
Commercial Travellers	14	Gymnastic Masters	1
Confectioners	3	Housekeepers	17
Cooks	3	Housewives	130
Coopers	4	Index-cutters	1
Crofters	1	Insurance Agents	1
Custom's Officers	1	Ironfounders	5
Dairymaids	2	Ironmongers	8
Dairymen	3	Ironmoulders	2
Decorative Artists	1	Janitors	1
Domestic Servants	93	Joiners	41

TABLE I.—*continued.*

Journalists	2	Saleswomen	7
Labourers	39	Sawyers	1
Lady's Companions	7	School Children	80
Laundresses	5	Schoolmasters	5
Leadcutters	1	Seamen	9
Librarians	1	Seedsmen	2
Litho Artists	3	Shepherds	2
Machinists	11	Ship Draughtsmen	1
Maltmen	1	Shirtmakers	2
Marine Firemen	5	Shoemakers	6
Masons	31	Shopgirls	29
Matron in Girls' Home	1	Shopkeepers	7
Medical Practitioners	1	Soldiers	12
Messengers	12	Stablemen	1
Milliners	5	Stationers	1
Millworkers	17	Steelworkers	4
Miners	13	Stonecutters	3
Nondescript	65	Students	8
Nursemaids	13	Sugar Packers	1
Nurses	6	Surveyors	1
Painters	13	Tailors	27
Paper Bagmakers	2	Teachers	16
Paper Workers	6	Telegraphists	2
Parish Sisters	1	Telegraph Boys	1
Photographers	3	Ticket Collectors	1
Piano Tuners	1	Tinsmiths	2
Pitmen	1	Tobacconists	2
Plasterers	4	Tram Conductors	9
Plate Cleaners	2	Turners	1
Ploughmen	6	Typists	4
Plumbers	15	Upholsterers	6
Policemen	7	Valets	2
Porters	6	Van Builders	1
Postmen	8	Vanmen	3
Postwomen	1	Waiters	6
Pressers	2	Waitresses	4
Printers and Compositors	47	Wardmaids	1
Publicans	2	Warehousemen	4
Pursemakers	1	Warehousewomen	4
Quarrymen	1	Watchmakers	4
Railway Workers	12	Weavers	5
Relief Stampers	1	Wood Carvers	6
Reservists	1	Woolsorters	5
Road Superintendents	1		
Rubber Workers	12		
Salesmen	13		
			<hr/> 1413

TABLE II.—SHOWING AGES OF PATIENTS.

Under 11	37
From 11-20	370
„ 21-30	630
„ 31-40	256
„ 41-50	108
Over 50	12

1413

TABLE III.—SHOWING SEX OF PATIENTS.

Males, 812 ; Females, 601 ; Total,—1413.

TABLE IV.—SHOWING RESIDENCE OF PATIENTS.

Edinburgh	740
Vicinity of Edinburgh	143
Country—	
Aberdeenshire	14
Argyllshire	9
Ayrshire	14
Banffshire	4
Berwickshire	23
British Guiana	1
Caithness-shire	2
Canada	1
Clackmannanshire	14
Cumberland	3
Dumbartonshire	10
Dumfriesshire	10
Durham	1
Elginshire	7
Fifeshire	67
Forfarshire	29
Haddingtonshire	24
Harris	1
Italy	1
Inverness-shire	9
Ireland	1
Kent	1
Kincardineshire	4
Kinross-shire	2
Kirkcudbrightshire	11
Lanarkshire	68
Lancashire	1
Lewis	1
Linlithgowshire	24
London	1
Manchester	2
Midlothian	25
Northumberland	2
Orkney	5
Peebles	3
Perthshire	21
Renfrewshire	10
Ross-shire	8
Roxburghshire	14
Selkirkshire	34
Shetland	11
Stirlingshire	26
Surrey	1
Sutherlandshire	6
Switzerland	2
Yorkshire	2

— 530

1413

II. DISPENSARY—OUT-DOOR PATIENTS.

Up to 31st March 1907, 16,589 *individual cases* received treatment at the Dispensary.

TABLE I.—SHOWING ATTENDANCES FROM 31ST MARCH 1906
TILL 31ST MARCH 1907.

	At Institution.	At their own Homes.	TOTAL.
April	1,302	141	1,443
May	1,440	188	1,628
June	1,375	168	1,543
July	1,248	178	1,426
August	1,146	153	1,299
September	1,227	124	1,351
October	1,420	169	1,589
November	1,317	155	1,472
December	1,129	176	1,305
January	1,285	183	1,468
February	1,341	143	1,484
March	1,324	151	1,475
	<hr/> 15,554	<hr/> 1929	<hr/> 17,483
Visits paid by Nurse			1590
Number of Sputa examined			413
Official Notifications made to Authorities			533

TABLE II.—SHOWING DISEASES FROM WHICH PATIENTS SUFFERED.

Pulmonary Tuberculosis	11,692	Injury to Chest, and Hernia of Lungs	12
Eronchitis	1,464	Croupous Pneumonia	16
Bmphysema, with Bronchitis, Asthma, etc.	658	Pleura, Affections of	307
Œdema of Lungs, with or without Bronchitis, Weak Heart, etc.	351	Larynx, Affections of	279
Capillary Bronchitis	22	Affections of related Organs, etc.	1,788
			<hr/> 16,589

TABLE III.—SHOWING OCCUPATIONS OF PATIENTS.

Artists	30	Coal Miners and Workers	172
Athletes	3	Comb and Brush Makers	26
Bakers	168	Confectioners	28
Blacksmiths	121	Coopers	9
Bookbinders and Folders	224	Corkcutters	16
Brassfinishers	112	Dairymen	14
Butchers	60	Domestic Servants	641
Cabmen and Grooms	146	Engineers and Enginemen	273
Carpenters, Joiners, and Woodworkers	518	Farm Servants	38
Car Conductors and Drivers	22	Firemen	49
Charwomen	161	Fishermen and Sailors	81
Chemists	28	Fishwomen	48
Children (below fifteen)	1917	Fitters and Riveters	64
Chimney Sweeps	7	Gardeners and Farmers	78
Clerks and Warehousemen	513	Gatekeepers and Messengers	91
		Glasscutters and Grinders	39

TABLE III.—*continued.*

Glaziers and Gilders	31	Porters	160
Golf-club Makers	6	Postmen, Lamplighters, etc.	43
Grocers	97	Printers, Compositors, etc.	413
Guards	28	Railway Servants	78
Gunmakers	12	Riggers	4
Hairdressers	66	Rubber, Sealing-wax, and Vulcanite Workers	292
Hawkers	120	Saddlers	2
Hosiery Workers	9	Salesmen	222
Housewives	3364	Saleswomen	251
Insurance Agents and Com- mercial Travellers	168	Scavengers	25
Ironmongers and Typefounders	151	Seamstresses and Dressmakers	345
Jewellers and Watchmakers	49	Shoemakers	189
Labourers	1090	Sick Nurses	43
Laundresses	126	Slaters	30
Leather Workers	17	Soldiers	11
Librarians	3	Spinners	18
Lithographers	34	Stokers	10
Lorrymen and Carters	169	Students	16
Maltmen	45	Surveyors	6
Masons	601	Tailors and Hatters	345
Millworkers	311	Tanners and Curriers	27
Musicians	24	Teachers	23
Nondescript	936	Tinworkers	75
Opticians	2	Upholsterers	65
Paper Bag Makers	65	Van Drivers	43
Paper Cutters	57	Waiters	128
Painters	161	Weavers	45
Plasterers	50	Wireworkers	24
Plumbers	93		
Policemen and Watchmen	36		
			<hr/> 16,589

TABLE IV.—SHOWING AGES OF PATIENTS.

From 1-10	1,206
„ 11-20	3,608
„ 21-30	4,741
„ 31-40	3,380
„ 41-50	2,043
„ 51-60	1,022
Above 60	589
	<hr/> 16,589

TABLE V.—SHOWING SEX OF PATIENTS.

Males	9,023
Females	7,566
	<hr/> 16,589

TABLE VI.—SHOWING RESIDENCE OF PATIENTS.

Edinburgh, including Portobello and Joppa	12,908
Leith, Newhaven, and Trinity	1,855
Country	1,826
	<hr/> 16,589

TABLE VII.—SHOWING DISTRICTS FROM WHICH PATIENTS HAVE BEEN RECEIVED, OTHER THAN EDINBURGH, LEITH, AND IMMEDIATE VICINITY.

Aberdeen	6	Corstorphine	26
Aberdour	7	Cowdenbeath	11
Abernethy	2	Cramond	5
Addiewell	1	Crieff	3
Alexandria	2	Cumberland	2
Alloa	10	Currie	10
Alnwick	1	Dalhousie	1
Alva	14	Dalkeith	36
Alyth	1	Dalmeny	2
Airdrie	3	Davidson's Mains	15
Annan	1	Denholm	1
Anstruther	1	Denny	2
Arbroath	2	Dollar	1
Argyllshire	3	Doune	3
Armadales	16	Drem	2
Arran	1	Duddingston	11
Auchendinny	4	Dumbarton	2
Auchterarder	1	Dumfries	7
Ayr	1	Dunbar	10
Ayton	1	Dunblane	2
Bathgate	33	Dundee	16
Beattock	1	Dundonald	1
Belfast	1	Dunfermline	34
Berwick-on-Tweed	12	Duns	4
Biggar	1	Duntocher	1
Blackhall	13	Dysart	3
Blair Atholl	1	Earlston	5
Blairgowrie	2	East Calder	8
Blantyre	3	Ecclefechan	1
Bonar Bridge	1	Elgin	3
Bo'ness	17	Elphinston	1
Bonnyrigg	31	England	25
Bowbridge	1	Eyemouth	2
Bridge of Allan	1	Falkirk	43
Broomieknowe	1	Fauldhouse	6
Broxburn	58	Fife	22
Buckhaven	1	Ford	2
Burntisland	9	Forres	1
Caithness	4	Galashiels	48
Carlisle	4	Garvald	2
Carluke	1	Gifford	1
Carstairs	1	Gilmerton	4
Castle-Douglas	1	Glasgow	115
Chirnside	2	Gordon	1
Cleland	1	Gorebridge	10
Coatbridge	3	Govan	4
Cobenshaw	1	Grangemouth	15
Cockenzie	83	Granton	6
Colinton	9	Greenock	2

TABLE VII.—*continued.*

Haddington	17	Motherwell	2
Hamilton	5	Musselburgh and Fisherrow	172
Hawick	6	Newcastleton	1
Helmsdale	1	Newton Grange	2
Innerleithen	9	Niddrie	4
Inverkeithing	8	North Berwick	6
Inverness	6	Orkney and Shetland	33
Ireland	2	Paisley	2
Island of Eigg	1	Peebles	22
Jedburgh	3	Pencaitland	15
Johnstone	7	Penicuik	41
Juniper Green	14	Perth	15
Kelso	3	Pitlochry	1
Kinghorn	2	Polmont	12
Kingsknowe	1	Polton	5
Kincardine	1	Prestonpans	23
Kinross	1	Queensferry, N. and S.	21
Kirkcaldy	57	Ratho	1
Kirkcudbright	2	Reston	1
Kirkintilloch	1	Roseburn	1
Kirkliston	5	Rosewell	6
Kirknewton	3	Roslin	5
Ladybank	4	Ross-shire	1
Lanark	8	Rothsay	1
Langholm	1	St. Andrews	3
Langsidehouse	1	St. Boswells	2
Larbert	1	Saltcoats	1
Lasswade	4	Selkirk	9
Lauder	1	Shotts	4
Leadburn	1	Slateford	25
Lerwick	1	South Shields	3
Leslie	1	Stenton	1
Leven	2	Stirling	15
Liberton	18	Stobo	1
Linlithgow	7	Stonehaven	1
Liverpool	3	Stornoway	1
Livingston	1	Stow	5
Loanhead	32	Sutherlandshire	3
Loch Fyne	1	Tain	1
Lochgelly	4	Tillicoultry	3
Lochwinnoch	2	Tranent	83
Lockerbie	2	Tynecastle	1
London	4	Uphall	13
Longniddry	2	Wales	1
Macmerry	3	Walkerburn	6
Manchester	1	Wemyss	4
Manuel	1	West Calder	9
Markinch	5	West Linton	1
Maybole	1	Whitburn	5
Melrose	5	Wick	4
Methil	2	Winchburgh	5
Midcalder	18	Wishaw	1
Midlothian	9	Australia	1
Milton Bridge	1	Brooklyn, N.Y.	1
Moffat	2		
Montrose	3		

ILLUSTRATIVE CASES.

HOSPITAL PATIENTS.

F. J.—Clerk, aged twenty-one, was admitted into Hospital in July 1896, with a history of two years' illness. His father had died from phthisis, and his mother was suffering from it. He had severe pain in the chest, dyspnœa, night-sweats, and loss of appetite. His weight was 7 st. 11½ lb., and he showed considerable emaciation. There was pronounced disease of both lungs. During his stay in Hospital his general condition improved much, and he gained one stone weight. Thereafter he was kept under close observation till May 1899. During all that time, in spite of occasional troublesome symptoms, he kept up his weight and general condition. Since then, he has been continuously at work, and has added to his clerkship the conducting of a successful business. He has maintained rigidly the principles of open-air life and the régime of the Hospital, and is now in excellent health.

J. W.—Law clerk, aged nineteen, was admitted into Hospital in April 1899, with a history of two years' illness. Two uncles on his father's side had died of phthisis. Patient suffered from grave symptoms of chest disease. Chest was very poorly developed. The disease was bilateral, but at a curable stage. He remained in Hospital for several months, and after discharge kept up the treatment. Since then he has continued in perfect health. He resumed his occupation of a law clerk, and is at present engaged as such, and works in an office all day.

R. I.—Clerk, aged twenty-two, was admitted into Hospital in February 1899, with a history of recurrent "colds in chest" for five years, and for four months a continuous "bad spit." One of the patient's sisters had died of phthisis. On admission, the patient complained especially of stabbing pains in the chest, and almost total loss of appetite. His weight was 9 st. 7 lb. On examination, the patient showed widespread signs of disease in both lungs. Tubercle bacilli were numerous in the expectoration. During residence in The Royal Victoria Hospital the condition improved very much. The patient now lives constantly on open-air lines, and has kept strong and well ever since his discharge.

D. A.—Draper, aged eighteen, was admitted into Hospital in November 1900, with a history of cough and spit for seventeen months. An elder brother had had phthisis for two years. Patient complained of hacking cough, with a spit occasionally tinged with blood, and frequent sharp pains. The patient presented evidence of bilateral disease, with excavation. Tubercle bacilli were numerous in the sputum. During the patient's residence of six and a half months, the signs of active disease gradually lessened, till the disease became arrested. His general condition was immensely better, 19 lb. weight being gained. The patient has maintained the open-air life, and looks and feels in splendid condition, after continuous work for several years.

S. J.—Plumber, aged nineteen, was admitted into Hospital in November 1901, with a history of cough and pain in chest, loss of appetite, and general weakness. A brother had died of "hip-joint" disease, and a sister of "spine" trouble,—both of tuberculous nature. Patient had been off work for four months before admittance. There were tubercle bacilli in the expectoration. The disease was bilateral, with active mischief in the left lung. He remained in Hospital five months. The disease was arrested. He obtained an open-air occupation as a tramway conductor. Having saved sufficient money at this to pay his passage to Canada, he sailed for that

country, and is now doing full day's work as a farm labourer.

F. J.—A commercial traveller, aged forty-two, was admitted into Hospital as a "visitant" patient in January 1902, with a history of pleurisy seven years before, and, recently, of continuous cough and spit for nine months. He had been so ill that he could hardly get out of and into bed. The pulse was very rapid and feeble, and there was widespread evidence of lung disease on both sides. Constitutionally he was greatly reduced. The patient improved in most remarkable fashion. The disease was arrested, and he put on 75 lb. weight during treatment. For several years he has been steadily engaged in a long day's work (6 a.m. to 8 p.m.) as bath attendant at the Hospital—at once a guide and object lesson to the rest of the patients.

DISPENSARY PATIENTS.

The Assistant Medical Officer gives the following notes on cases taken from his book, which illustrate the work of this department :—

J. L.—Compositor to trade, aged thirty-one. This patient first came to consult at the Dispensary in August 1905. At that time he had been ill for four years. For the benefit of his health he had gone to South Africa to work at his trade, and stayed out there for a year or two. His health, however, did not improve, and latterly he was in hospital there. Before his means were quite exhausted he shipped for home, and when examined here he was found to be suffering from an advanced stage of consumption. He was unable to attend the Dispensary, and I visited him at his own home for nearly two years. During this time he gradually grew weaker, but showed astonishing lasting powers. He was

well tended by his mother, had a large airy room to himself, and everything possible was done to relieve him, and every precaution to avoid infection. Both patient and his family were made thoroughly alive to the necessity for care in the prevention of infection, and were most grateful for all we were able to do for him.

L. J.—Girl, aged twenty-one. This girl worked in a wholesale chemist's factory, and was first brought to my notice while I was attending her sister, who died of consumption after four and a half years' illness. Patient slept in a small room off her sister's. When I first examined her I found her to be suffering from a much more acute and progressive form of the disease than her sister, and after a month or two she had to give up work, and a little later she became entirely confined to bed. Gradually she became worse, and was assiduously tended by her mother, who had previously nursed the older daughter on her deathbed. The sadness of the case was increased by the fact that the mother died suddenly of heart disease in the patient's room. After this, patient had to go to relatives in the country, where she died a few weeks later. Since then a brother has also died of consumption. The family was in fairly comfortable circumstances, but lived in a small house, to which one must attribute the three deaths from the same cause in such a short time, the long illness of the first patient being responsible for the infection of the others. From the time that the family came under the charge of the Dispensary, the greatest care was practised in regard to disinfection.

SAMARITAN WORK.

T. L.—Married woman, aged thirty-three. This patient, unfortunately, only came under notice after the disease had gained a very firm hold on her. After her visit to

the Dispensary she was practically confined to bed. The disease affected the bowels as well as the lungs, so the case was altogether very grave. The Dispensary nurse was most devoted in her attention, and did much to make things easier for the sufferer. She visited her daily, cooked food to tempt her to eat, and in every way was untiring in her care. As the house was small and there were several young children in the family, we endeavoured to persuade her to go to Colinton Hospital, but without avail; she wanted to die at home. One of our Samaritan Committee ladies visited her at frequent intervals, and was most kind in taking her needful comforts. Everything possible was done in the way of disinfection.

K. N.—Engineer, aged sixty. This patient suffers from well-marked phthisis—slow, but gradually progressing. He has been unable to work for six months. One of his daughters also attends the Dispensary. Patient is not entirely confined to bed, but is able to get out on fine days. One of our Samaritan ladies took in hand to visit him, and he speaks most appreciatively of her kindness to him. By her help he has been able to get a small pension off one of the numerous funds in the city, and this is useful in enabling him to get additional nourishment. The greatest care has been practised in relation to cleanliness and disinfection.

ABSTRACT OF THE CLERK AND TREASURER'S ACCOUNTS, from 31st March 1906 to 31st March 1907.

I.—ORDINARY INCOME AND EXPENDITURE ACCOUNT.

INCOME.

Revenue received—

1. Subscriptions and Donations—				
Per Treasurer (page 42)	£1,543	15	9	
Collections in Edinburgh—				
(a) Per Lady Collectors (page 54)	£781	8	6	
(b) Per Charity Organisation Society (p. 55)	136	12	6	
Per Public Works (page 56)	918	1	0	
Per Lady Collectors in Country Districts (page 89)	113	16	10	
Per Sunday Schools (page 90)	1,493	10	0	
Per Collecting Boxes (page 90)	6	0	0	
	96	12	8	

2. Contributions from Patients	£4,171	16	3	
3. Dividends and Interest received	1,177	14	0	
4. Donation to Research Fund	527	13	3	
5. Miscellaneous, including Fees for reporting cases of Phthisis to Public Health Committee, £26, 8s.; and Nurses' Fees, £29, 8s.	10	0	0	
	98	19	8	
	£5,986	3	2	

Excess of Ordinary Expenditure over Income carried to Extraordinary Account

195 6 0

EXPENDITURE.

I. Payments in connection with the Hospital—

1. Provisions	£2,707	16	3	
2. Salaries to Resident Staff	278	10	1	
3. Servants' Wages	271	19	3	
4. Rates, Taxes, and Insurance	140	4	9	
5. Heating and Lighting	391	10	10	
6. Furnishings and Repairs	380	0	4	
7. Medicines and Medical Appliances	117	0	7	
8. Expenses of Laboratory	106	16	2	
9. Upkeep of Grounds, including Upkeep of Horse	143	10	11	
10. Lady Superintendent's Sundries	24	8	11	
	£4,561	18	1	

II. Payments in connection with the Dispensary—

1. Rent, Taxes, and Insurance	£50	16	11	
2. Salary to Medical Assistant	60	0	0	
3. Nurse's Salary	30	0	0	
4. Coals and Gas	15	6	11	
5. Furnishings and Repairs	0	14	6	
6. Caretaker's Wages	55	0	0	
7. Medicines and Medical Appliances	262	6	10	
8. Caretaker's Incidents, £8, 5s., and Miscellaneous, £11, 9s.	19	14	0	

III. Interest Paid

493 19 2

IV. Printing, Stationery, and Advertising

213 10 9

V. Commission and Expenses of Organising Secretary, including Travelling Expenses

225 8 2

VI. Expenses of Management, including Auditor's Fee, £10, 10s.

290 11 2

VII. Postages and Miscellaneous Payments, including Expenses of Annual Meeting, £34, 8s. 2d.

110 10 0

80 11 10

Donations of £20 and upwards received in answer to appeal, transferred to Extraordinary Account

£5,976 9 2

205 0 0

£6,181 9 2

CHARGE.

Funds as at 31st March 1906	£17,382	2	8
Legacies received—			
Trustees of Miss Helen M. Hog, per Messrs. John C. Brodie & Sons, W.S.	£100	0	0
Executor of Henry Allan, being amount assigned under nomina- tion in favour of William Foster, Esq., executor, dated 12th June 1906.	1000	0	0
Executors of William Lawrie, per Messrs. Hutton & Jack, S.S.C.	25	0	0
Donations of £20 and upwards, received in appeal, transferred from Ordinary Expenditure Account	1125	0	0
	205	0	0
	£18,712	2	8

EDINBURGH, 24th July 1907.—I have examined the Accounts of the Intromissions of the Clerk and Treasurer of THE ROYAL VICTORIA HOSPITAL FOR CONSUMPTION for the year ending 31st March 1907, of which the above is an Abstract, and have found them correct.

— 1907

NOTE OF ENDOWMENTS.

"Howard Graham Usher Bed"
 Donation from the late Julius H. Beilby, Esq., the income available for Ordinary Expenditure
 "George Vallance Bruce Bed"
 "W. E. Miller Bed," £1000, *less* Duty
 "Sir A. and Lady Oliver Riddell Bed"
 Mrs. Cossar, Corstorphine

£1,000	0	0
500	0	0
1,000	0	0
909	6	8
1,000	0	0
1,000	0	0
£5,409	6	8

DISCHARGE.

Payments in connection with the New Buildings.	£1,273	10	3
Excess of Ordinary Expenditure over Income, trans- ferred from Ordinary Income and Expenditure Account	195	6	0
Funds as at 31st March 1907—			
£1366 3½% Debenture Stock of National Telephone Company at cost	£1,479	14	0
£1000 4% Debenture Stock of the Cale- donian Railway Company at cost	1,227	17	6
£1000 3% Debenture Stock of the North British Railway Company at cost	919	9	6
£1000 3% Perpetual Debenture Stock of the South-Eastern Railway Co. at cost	901	12	9
£1000 4% Debenture Stock of the Great Eastern Railway Company at cost	1,200	17	3
£1000 4% Perpetual Guaranteed Stock of the Great Northern Railway Co. at cost	1,197	2	0
On Deposit with the Edinburgh and Leith Gas Commissioners bearing Interest at ¾% above Bank Deposit Receipt Rates	8,000	0	0
Sum on Deposit Receipt with the Bank of Scotland	300	0	0
Sum on Account Current with the Com- mercial Bank of Scotland	486	17	
Sum in Lady Superintendent's hands to meet current weekly wages	25	0	0
Excess of Sums received over payments made after 31st March 1907, applicable to the year ended 31st March 1907, and included in this Abstract	1,504	16	0
	17,243	6	5
	£18,712	2	8

THE ROYAL VICTORIA HOSPITAL FOR
 EDWARD HOYD, C.A.,
 Auditor.



THE ROYAL VICTORIA HOSPITAL FOR CONSUMPTION EDINBURGH



EIGHTEENTH ANNUAL REPORT (1907-1908)

Patron—HIS MAJESTY THE KING

DISPENSARY AND OUT-PATIENT DEPARTMENT
26 Lauriston Place, Edinburgh

About 60,000 Persons die Annually of Consumption in the
United Kingdom.

The Royal Victoria Hospital for Consumption was established in 1887 as a Memorial of Queen Victoria's Jubilee.

In Memoriam Wards and Beds.

THE Trustees will be pleased to gratify the wish of any Donors who may desire to endow and name a Ward or single bed in The Royal Victoria Hospital. They purpose, therefore, to affix to beds in perpetuity the name of any benefactor of the Hospital to the extent of £1000 by donation or legacy, who so desires it, and to Wards in recognition of larger donations.

Lord Derby, when presiding at the opening of the New Extension Building to Brompton Hospital for Consumption, alluding in his speech to Memorial Wards and Beds, said—"One cannot dictate the form which affection and regret shall take to display themselves; every one must make their own choice; but for myself I cannot conceive a more satisfactory method of keeping alive the memory of a lost relative or friend, than by attaching his or her name permanently and inseparably to an institution which is intended to relieve suffering, and which for many generations to come may be a benefit to the living as well as a remembrance of the dead."

FORM OF LEGACY OR BEQUEST.

I give and bequeath to THE ROYAL VICTORIA HOSPITAL FOR CONSUMPTION, EDINBURGH, payable to the Treasurer of the Institution for the time being, the sum of
free of legacy duty.

"Regulations for Admission of Patients" will be found on third page
of Cover.

EIGHTEENTH ANNUAL REPORT
(1907-1908)

OF

THE ROYAL VICTORIA HOSPITAL
FOR CONSUMPTION

EDINBURGH

Patron—HIS MAJESTY THE KING.

DISPENSARY AND OUT-PATIENT DEPARTMENT—
26 Lauriston Place, Edinburgh

OFFICE-BEARERS.

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SIR ALEXANDER CHRISTISON, BART.

Vice-President.

SIR ALEXANDER KINLOCH, BART.

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Hon. Lord GUTHRIE.

JAMES MYLNE, Esq., Writer to the Signet.

R. R. SIMPSON, Esq., Writer to the Signet.

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JOHN WILSON, Esq., K.C., Edinburgh.

HENRY J. YOUNGER, Esq., of Benmore, Argyllshire.

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 Mrs. GEORGE CRABBIE, 8 Rothesay Terrace.
 Mrs. AUCKLAND GEDDES, 14 Ettrick Road.
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 Miss LOWSON, 12 South Learmonth Gardens.
 Miss L. MACKENZIE, 21 Learmonth Terrace.
 Mrs. R. W. PHILIP, 45 Charlotte Square.
 Miss A. J. ROLLAND, 16 Alva Street.
 Miss THORBURN, 12 Hermitage Place, Leith.
 Mrs. WALLACE, 9 Lynedoch Place.
 Miss WHITE, 1 Greenbank Terrace.
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DAVID WALLACE, C.M.G., M.B., F.R.C.S.

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Resident Physician.

D. J. WILLIAMSON, M.B., Ch.B.

Research Scholar.

A. E. PORTER, M.B., Ch.B.

Lady Superintendent.

Miss GUY.

Auditor.

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Honorary Secretaries.

WALLACE & GUTHRIE, W.S., 1 North Charlotte Street, Edinburgh.

Clerk and Treasurer.

NORMAN CAIRNS, C.A., 4A St. Andrew Square, Edinburgh.

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THE LADY MARY HOPE.	RIGHT HON. LORD KINNEAR.
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Kirkliston—Mrs. HOG, Newliston.
Kirknewton—Mrs. HAMILTON, Cairns.
Lesmahagow—The Hon. Mrs. BINGHAM.
Linlithgow—Mrs. MELVILLE, Lochcote House.
Linlithgowshire—The MARCHIONESS OF LINLITHGOW.
Melrose—The COUNTESS OF DALKEITH, Eildon Hall.
Muthill—Miss SPIER, Culdees Castle.
Newport—Miss LENG, Kinbrae.
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Pencaitland—The Hon. Mrs. HAMILTON OGILVY, Winton Castle.
Pitlochry—Mrs. MACBETH, Bank of Scotland House.
Pittenweem—LADY AVA-CAMPBELL, Gibleston.
Ratho and Dalmahoy—Miss BULLOCK, The Parsonage.
Rosslyn—LADY DRUMMOND, Hawthornden.
Ross-shire—LADY MARJORY MACKENZIE of Gairloch.
St. Boswells, Mertoun, and Bowden—Miss M. T. BAILLIE, Dryburgh House.
Stow—Miss MILROY, Torsonce.
Sumburgh (Shetland)—Mrs. BRUCE.
Sutherlandshire—The DUCHESS OF SUTHERLAND, Dunrobin Castle.

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 Alexander, Miss M., 17 Whitehouse Loan.
 Alison, Miss, 3 Moray Place.
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 Anderson, Miss J. N., 6 East Savile Road.
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 Cairns, Miss K. M., do.
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 Fairbairn, Miss M. R., Ferndale, 88 Dalkeith Road.
 Finlayson, Miss M. G., 8 Thirlestane Road.
 Fraser, Miss, Beaufort, Newhaven Rd.
 Grant, Miss, 4 North Fort Street.
 Guthrie, Miss, Almora, Colinton.
 Guthrie, Miss, 6 Rochester Terrace.
 Halkett, Miss, 1 Randolph Place.
 Hamilton, Miss, 5 Hailes Street.
 Jackson, Miss, 5 W. Coates Avenue.
 Lawrence, Miss, 2A Albany Street.
 Lawson, Miss, 4 Melgund Terrace.
 Legget, Miss, 2 Ravelston Terrace.
 Lennox, Miss, 25 Rankeillor Street.
 Lindsay, Miss, Bank House, Bank St.
 Maddan, Miss, 4 Barclay Terrace.
 Mahaffy, Miss J. C., Springvalley Villa, 142 Morningside Road.
 Marshall, Miss B. N., Hollywood, Canaan Lane.
 Marshall, Miss E. L., do.
 Muir, Miss, 8 Greenbank Terrace.
 M'Carthy, Miss, 31 Stafford Street.
 Macdonald, Miss, 5 Bellevue Place.
 Macleod, Miss C. C., 1 Mayfield Road.
 Pettigrew, Miss, 29 Melville Terrace.
 Philip, Miss, 52 Blacket Place.
 Pool, Mr. George, 28 Springwell Pl.
 Reid, Miss, 11 Alderbank Place.
 Reid, Miss, 5 Ravelston Park
 Ritchie, Miss Edith G., Airlie House, Arboretum Road.
 Robertson, Miss, 7 Eglinton Crescent.
 Robertson, Miss, 6 Mortonhall Road.
 Robertson, Miss J. M., 1 Kilmaurs Terrace.
 Ross, Miss M. E., 6 E. Fettes Avenue.
 Runciman, Miss Beatrice, 9 St. Fillan's Terrace.
 Scott, Miss, 75 Great King Street.
 Scott, Miss E. H., Avenley, South Oswald Road.
 Smail, Miss, 28 Shandon Crescent.
 Smith, Miss, 47 Lauder Road.
 Spence, Miss E. C., The Holms, Granton Road.
 Stevenson, Miss, 18 Gillespie Crescent.
 Taylor, Miss, 6 Kilgraston Road.
 Taylor, Miss M. O., 11 Chamberlain Road.
 Toshach, Miss, 9 St. Leonard's Bank.
 White, Miss, Springbank, Ferry Road.
 Wilson, Miss, 20 Ann Street.
 Wise, Miss, 5 Braid Avenue.
 Wishart, Miss, 18 Viewforth Gardens.
 Young, Miss, 4 Learmonth Gardens.



ROYAL VICTORIA HOSPITAL.—DINING HALL AND ADMINISTRATION BUILDINGS.

Marshall Wane & Co., Photographers.

THE EIGHTEENTH ANNUAL REPORT

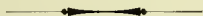
OF THE

COMMITTEE OF MANAGEMENT

OF

The Royal Victoria Hospital for Consumption, Edinburgh,

For the year ending 31st March 1908.



THE Committee have much satisfaction in reporting regarding the work of the past year.

The Twentieth Anniversary of the foundation of the Hospital was celebrated on 25th October 1907, when two new pavilions, a dining-hall, and administration block, were opened by the Right Hon. A. J. Balfour, M.P., in presence of a large company of ladies and gentlemen. The Committee take this opportunity of recording their indebtedness to Mr. Balfour for his great kindness on that occasion. The ceremony passed off brilliantly, and the Committee are grateful to all those who contributed to its success.

The various departments of the Hospital's work have been carried on satisfactorily during the year.

THE DISPENSARY.

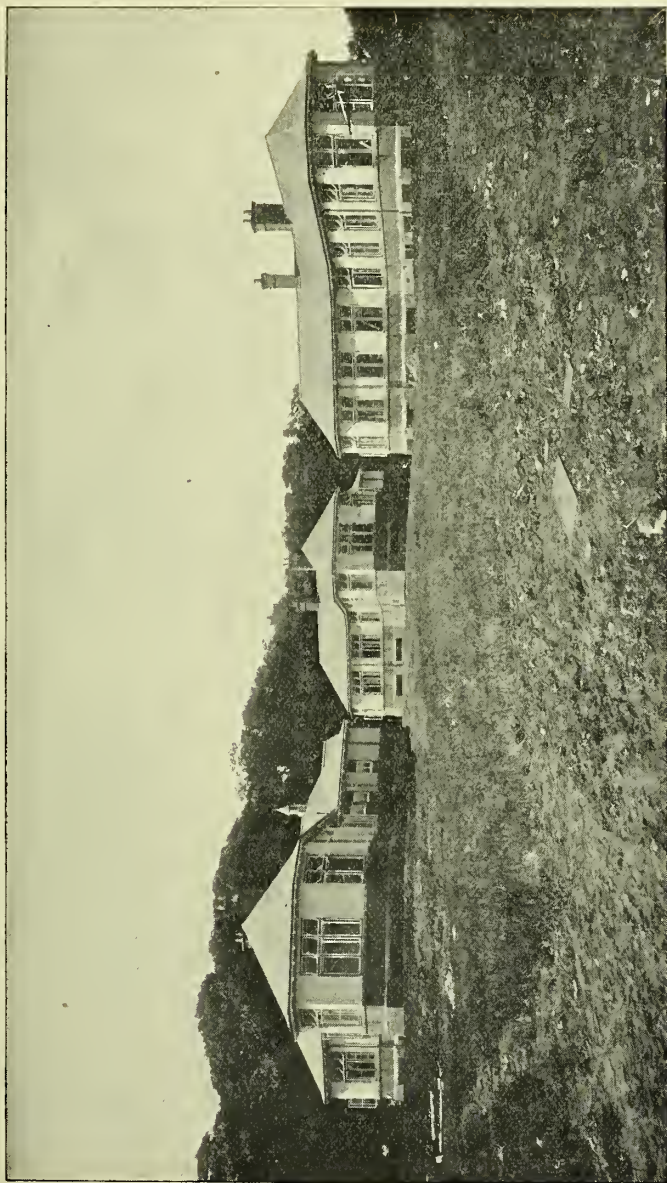
The Committee have been much gratified by the large and growing interest which is manifested in the Dispensary

as the centre of anti-tuberculosis operations. Numerous visitors, desirous of studying the Dispensary's methods, have been received from London and various large towns in the United Kingdom, America, and the Continent. In a number of places dispensaries have been erected on the model of the Victoria Dispensary.

The value of the Dispensary, as a centre for information and guidance in relation to consumption, can hardly be over-estimated. The statistical tables, which follow (pp. 29-32), show the extent of the Dispensary's operations. Since its foundation, 17,696 individual patients have been received. Many have remained under supervision for years, either at the Dispensary or at their own homes. During the year, the doctor has paid 1889 visits to patients at their own homes, and the nurse 2575 visits. The members of the Samaritan Committee have also visited the more distressing cases. At the laboratory of the Dispensary, the diagnosis of tuberculosis was confirmed by bacteriological examination in 349 cases.

The past year corresponds almost exactly with the first year of Compulsory Notification of Consumption in the city of Edinburgh, which was commenced on 1st March 1907. It is highly significant that of all the cases notified during the first year of Compulsory Notification, almost exactly 50 per cent. were notified by the Victoria Dispensary. The Dispensary attracts consumptive patients of the poorer classes at all stages of disease. Many of these would not otherwise consult, or would seek advice under conditions where the diagnosis is less readily determined. The Victoria Dispensary is thus a most valuable instrument towards notification. In like manner, 67 notifications of consumption were made to the Leith authorities.

The Dispensary also serves an important function as a great "clearing-house." It sifts and groups the various types of consumptive case, and places them under suitable treatment or surveillance. Thus some patients are continued as visitant patients at the Dispensary. Others, too ill to attend the Dispensary, are attended at their own homes by a qualified doctor and nurse, and, it may be, by



Marshall Wane & Co., Photographers.

GENERAL VIEW OF THREE NEW PAVILIONS—FRONT ELEVATION.

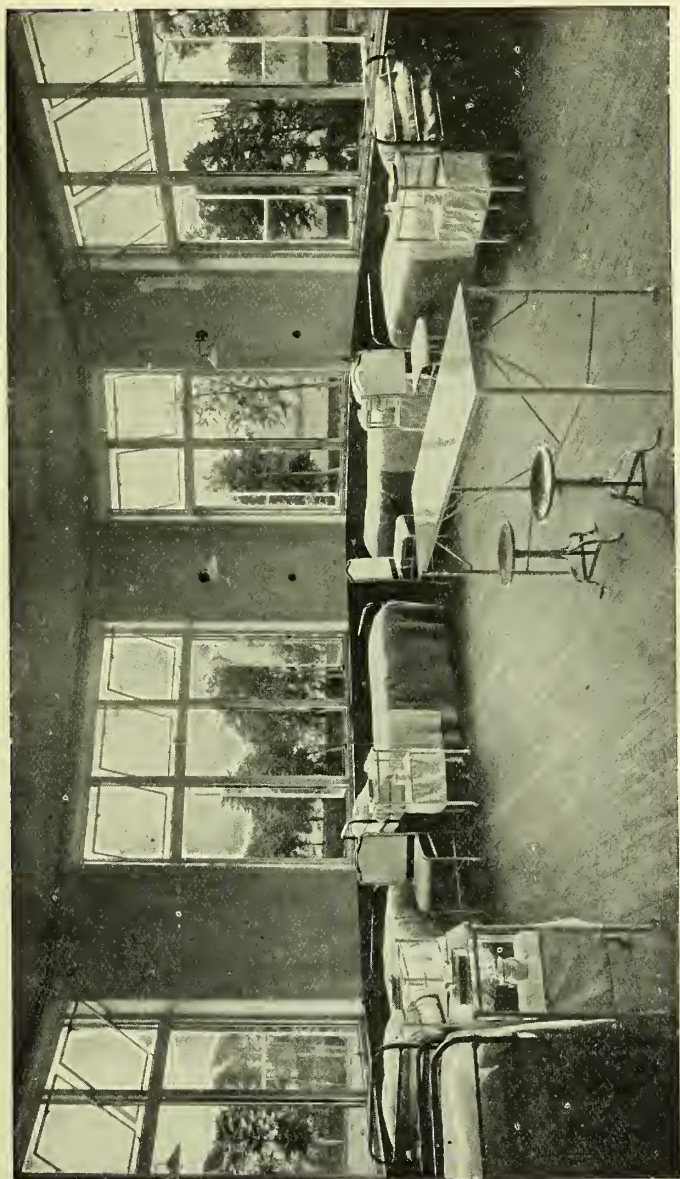
a member of the Samaritan Committee. Early cases are transferred to the Royal Victoria Hospital with a view to cure. Advanced and dying cases are recommended to the City Hospital, where fifty beds are set apart for the segregation of such patients. A certain number of patients are passed on to other institutions which may be able to afford relief in the particular case.

The function of the Dispensary does not stop here. In almost every case a domiciliary visit is paid by the doctor or nurse, and detailed information is obtained regarding the patient's home environment and circumstances, according to the Schedule (see Appendix, p. 25). The records of the Dispensary contain remarkable evidence as to the distribution and ramifications of tuberculosis within the city. They show, for example, that in certain tenements every floor and almost every dwelling has had a case of consumption. In not a few instances consumption has appeared in several families successively occupying one such dwelling. Similarly, in certain smaller streets, there have occurred more cases of tuberculosis than there are houses. This seems especially common in streets of the *cul-de-sac* type.

In connection with domiciliary visitation, particular attention is paid to other members of the family. Members of the household are, where possible, submitted to examination either at the Dispensary or at home. One of the most striking facts of the work is the number of consumptive patients who are thus discovered. Thus, from the fact of one case visiting the Dispensary, as many as fifteen patients related to the initial patient have come under the direction of the Dispensary.

The system of domiciliary visitation has emphasised the significance of change of residence on the part of the consumptive patient as a factor in the spread of consumption. It has been ascertained that no fewer than 41 per cent. of 1000 consecutive patients had "flitted" once or several times during two preceding years, thus multiplying infected areas.

Cases illustrative of the operations of the Dispensary will be found on pages 35-37.



Marshall, Wane & Co., Photographers.

INTERIOR OF NEW PAVILION, SHOWING ARRANGEMENT OF BEDS IN RELATION TO OPEN WINDOWS.

THE HOSPITAL.

As promised in last year's Report, an important extension of the Hospital has been made through the erection of two additional pavilions, a dining-hall and kitchen, and an administrative block.

The new pavilions repeat in general design and in almost every particular the earlier pavilions. This is the best guarantee of the suitability and general excellence of the original plan. Views of the external elevation and interior will be found on pp. 9, 11.

The new dining-hall and administrative buildings occupy a prominent place in the Hospital. They have been constructed with simplicity, but at the same time thoroughly well. The Committee believe they will be found in every way efficient. The dining-hall has been much admired and the kitchen appointments no less.

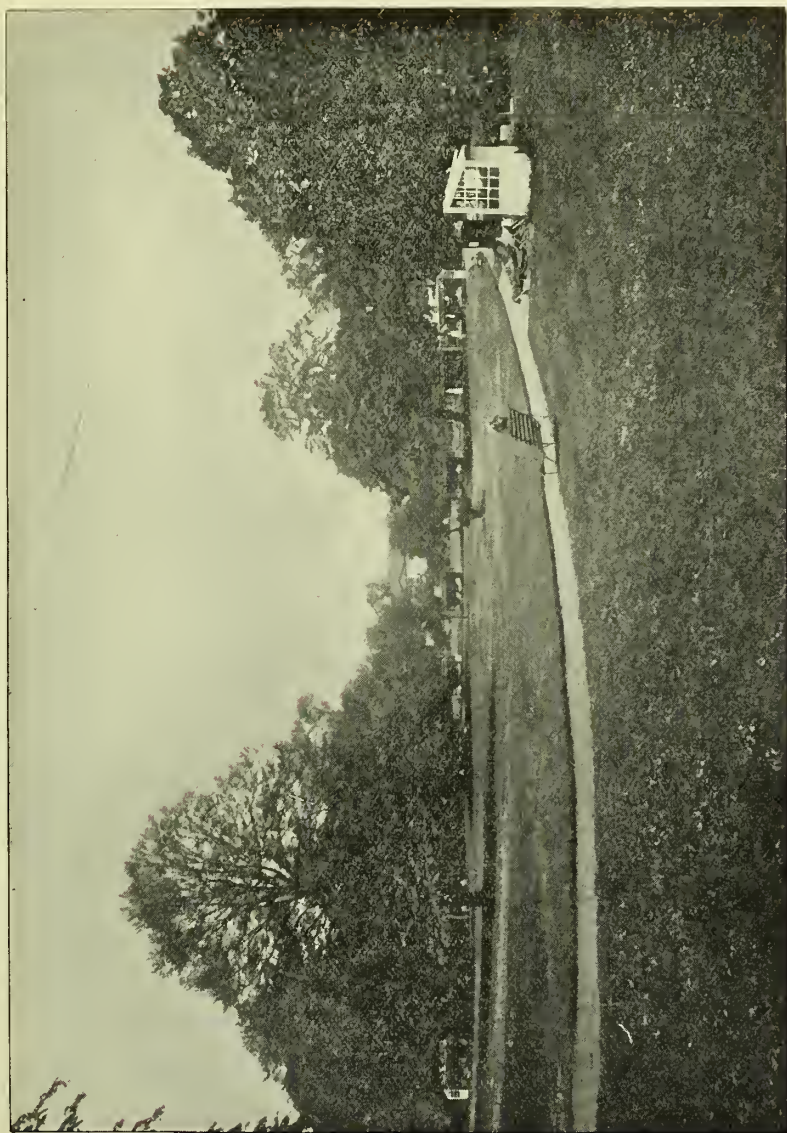
The Opening ceremony was, thanks to the presence of Mr. A. J. Balfour, a great success. The full report of the proceedings, published in the daily press, awakened further interest in the Institution. The circulation of a reprint of the proceedings has been a means of adding considerably to its funds.

The statistical tables (pp. 26-28) show the extent of present operations. Since the opening of the Hospital till 31st March 1908, 1336 individual patients have been received for treatment. To this number fall to be added 228 visitant patients, who enjoy the same régime as the others by day, returning home to sleep. This gives a total of 1564 patients treated within the Hospital. The daily average of patients during the past year has been 79.

FURTHER NEEDS.

There is still need for two pavilions more. The Committee hope that friends of the Hospital will keep this in view, either by donation or legacy.

With increased accommodation for patients, the Committee are happy to report that the waiting period previous to admission to the Hospital has been much reduced. At



GENERAL VIEW OF THE GROUNDS.

present the waiting list is comparatively short. This is an enormous gain so far as the hope of treatment is concerned. The period of delay was frequently prejudicial to the patient's chances of recovery.

So far as the new beds are concerned, the Committee propose to place the greater number of these on the free basis, reserving a few on the contributing basis, in the same proportion as previously. The contribution for the latter will remain one guinea weekly, which, while hardly covering costs, meets financial requirements.

The arrangement entered into by the Committee with the stewartry of Kirkcudbright and the county of Dumfries for the maintenance of beds for the benefit of patients from these counties has been carried out pleasantly. The Committee are prepared to consider similar proposals from other committees or local authorities, subject to compliance with the regulations of the Hospital.

RESULTS.

These continue most satisfactory. So long as patients remain under the régime of the Hospital it is the exception to find a patient falling back. During the year a considerable number of letters have been received from old patients in different parts of the country, or scattered more widely throughout the world, with favourable reports of their condition after years of trial. Hundreds of lives have thus been saved. Cases in illustration of this aspect of the work are cited on pp. 33-35.

Unfortunately a certain number of patients are still recommended to the Hospital at too advanced a stage to afford reasonable ground for hope. The Committee are constrained to repeat that admission is primarily afforded to patients in whom there is reasonable ground to expect arrest of the disease.

From the preventive point of view the Hospital continues to play a most important part as regards the public at large, no less than the patients themselves. It affords a constant object lesson how to keep well, as well as how to



OPEN-AIR SHELTERS, AS ARRANGED FOR NIGHT USE.

get well. The vicinity of the Hospital to the city and the simplicity of the life of treatment serve to illustrate first principles of much moment to the community.

WORKING COLONY FOR CONVALESCENT PATIENTS.

For a good many years the Committee have expressed their desire to complete the operations of the Hospital scheme by the establishment of a Working Colony for convalescent patients. It has hitherto been impossible to proceed with this owing to the financial claims which the progressive extension of the Hospital entailed.

During the period which has elapsed since the idea was projected, the Committee have had abundant opportunity to judge of the significance of the scheme. For a number of years work has formed an important factor in the treatment of the majority of patients at the Hospital. The work has been carefully selected and graded to suit the capacity, and, to some extent, the taste of the various patients. The amount of work is prescribed just like drug treatment. Patients begin at the simpler grades, and are gradually advanced according to their physical state. The amount is increased or diminished as the temperature chart, pulse rate, and other indications suggest.

The experiment has been eminently successful. Of the patients, numbering some eighty in all, a certain proportion, including a joiner, engineer, bath attendant, laboratory assistant, and two gardeners, work the entire day. Other patients work from two to four hours daily. As illustration of the various degrees of work may be cited gardening of all kinds, from the gathering of leaves and light rubbish up to such heavy effort as digging, wheeling full wheelbarrow, etc. There are many other departments of activity.

The results have been gratifying. The patients thus engaged are physically and mentally bettered. This is satisfactory so long as patients remain at the Hospital. A difficulty presents itself when the time comes for their discharge. In certain cases return to former occupations is excluded, as implying almost certain return of illness.



PATIENTS AT WORK—GARDENING.



PATIENTS AT WORK—WOODCUTTING.

It is especially for such patients that the Working Colony in more extended fashion is required.

The Committee have taken all the facts into consideration, and have resolved to proceed at as early a date as possible with the institution of a Colony. They have looked into the matter with care, and believe that such a Colony, in close relationship with the Hospital, that is to say, receiving patients *from* the Hospital and sending supplies *to* the Hospital, would in time become self-supporting, if not actually a source of revenue.

Residence in the Colony would afford a transition period between the more strictly curative régime of the Hospital and the ordinary working existence to which most of the patients must ultimately return. The Committee are wishful to inaugurate the Colony during the course of the current year. They would plead for special contributions towards this end. If they were placed in possession of £5000 the work might be commenced at once.

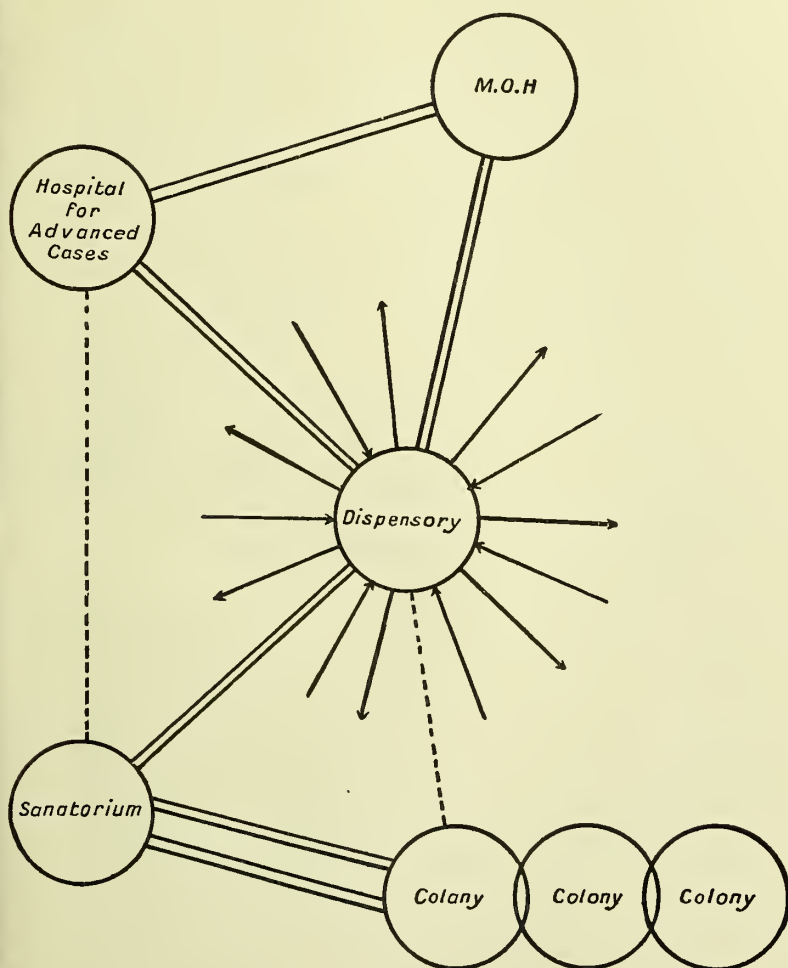
THE LARGER PROSPECT.

The large extent of operations now undertaken by the Royal Victoria Hospital in its different departments is readily understood by reference to the accompanying diagram, which shows the relationship of the various elements of the scheme, which was initiated by the institution of the Victoria Dispensary in 1887.

As indicated, the Dispensary remains the centre of operations in a great variety of ways. It is related to the Public Health Department and to the Hospital for advanced and dying cases. It is in closest relationship with the Sanatorium, that is, the Royal Victoria Hospital for early cases. The Colony is the only factor needed to complete the scheme.

A remarkable tribute has been paid to the value of the Hospital scheme by the Local Government Board for Scotland. Speaking at the opening ceremony of the new buildings, Dr. Leslie Mackenzie, Medical Member of the Board, said that the Royal Victoria Hospital scheme had

been adopted by the Local Government Board as a national system for the administration of the campaign against tuberculosis in Scotland.



SAMARITAN COMMITTEE.

The ladies belonging to the Samaritan Committee have continued their beneficent work among patients whom the

disease has most reduced physically and financially. The cases are carefully sifted by means of the domiciliary visits of the doctor and nurse. Those which seem to call for special consideration are brought before the Committee at their fortnightly meeting. Wherever it seems desirable, the patient is visited from time to time by a member of the Committee, who, in correspondence with the nurse and doctor, gives relief in the form of food-stuffs, clothing, etc. In arranging relief, the Committee seek to co-operate throughout with existing charitable organisations.

The Samaritan Committee have been much assisted in their work by donations of warm clothing, blankets, and the like. They will gratefully receive and acknowledge further kind gifts addressed to the Dispensary.

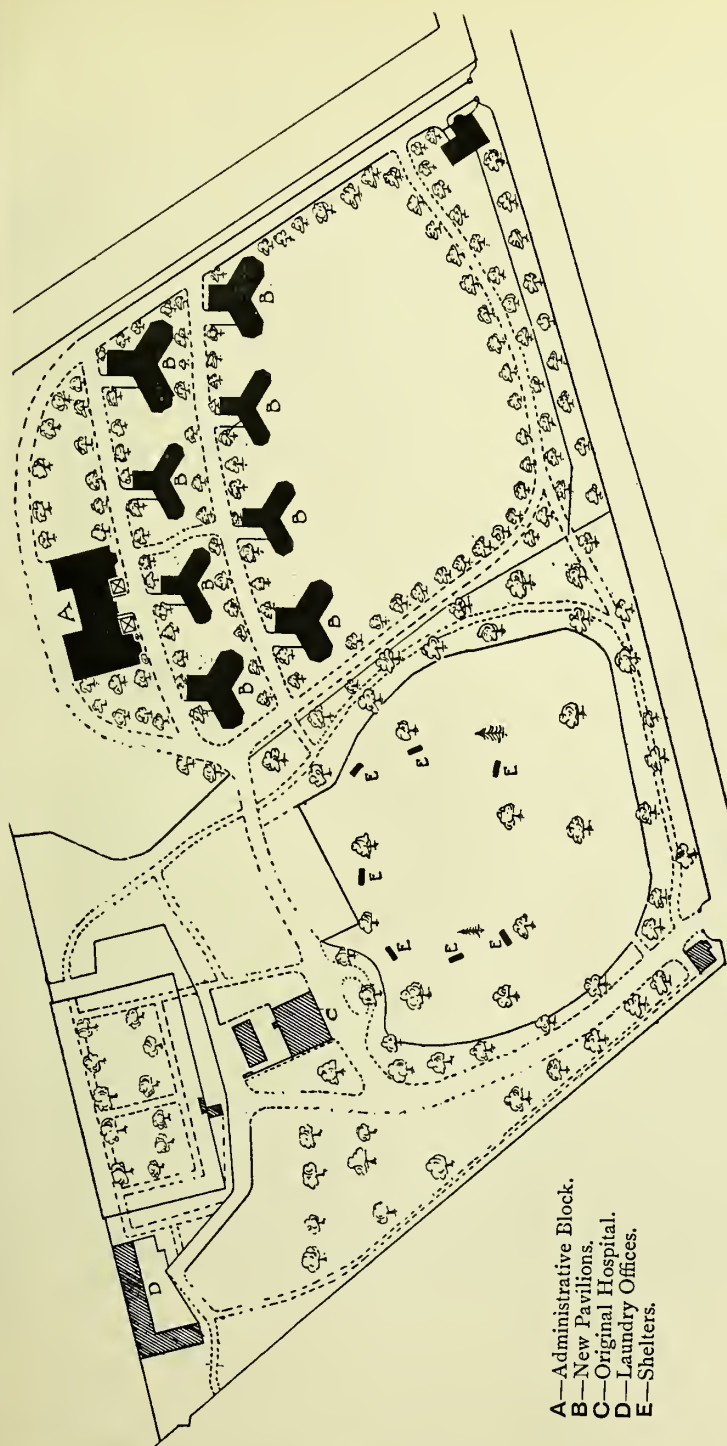
REVENUE.

Excess of Ordinary Expenditure over Total Income for the year up to 31st March is £353, 19s. 11d. It has only been by most rigid economy in every department that the excess has been restricted to that figure. A number of justifiable outlays have had to be curtailed. Last year it was reported that the outlay per bed had been reduced by about £6. This reduction has been maintained.

The opening of the two new pavilions, and the increased number of patients which this implies, will call for further expenditure. The Committee have not hitherto appealed in vain, and they confidently ask once more for an increase in the number and amount of annual subscriptions.

VOTES OF THANKS.

The Committee have again the pleasant duty of thanking the many friends of the Hospital who have contributed by subscription or donation. Detailed acknowledgment is made on pp. 40 to 94. They have gratefully to report the donation to the Hospital by one of their number, Mr. W. Gardner Sinclair, of an Organ for the dining-hall. The Committee recognise with much pleasure the extension of



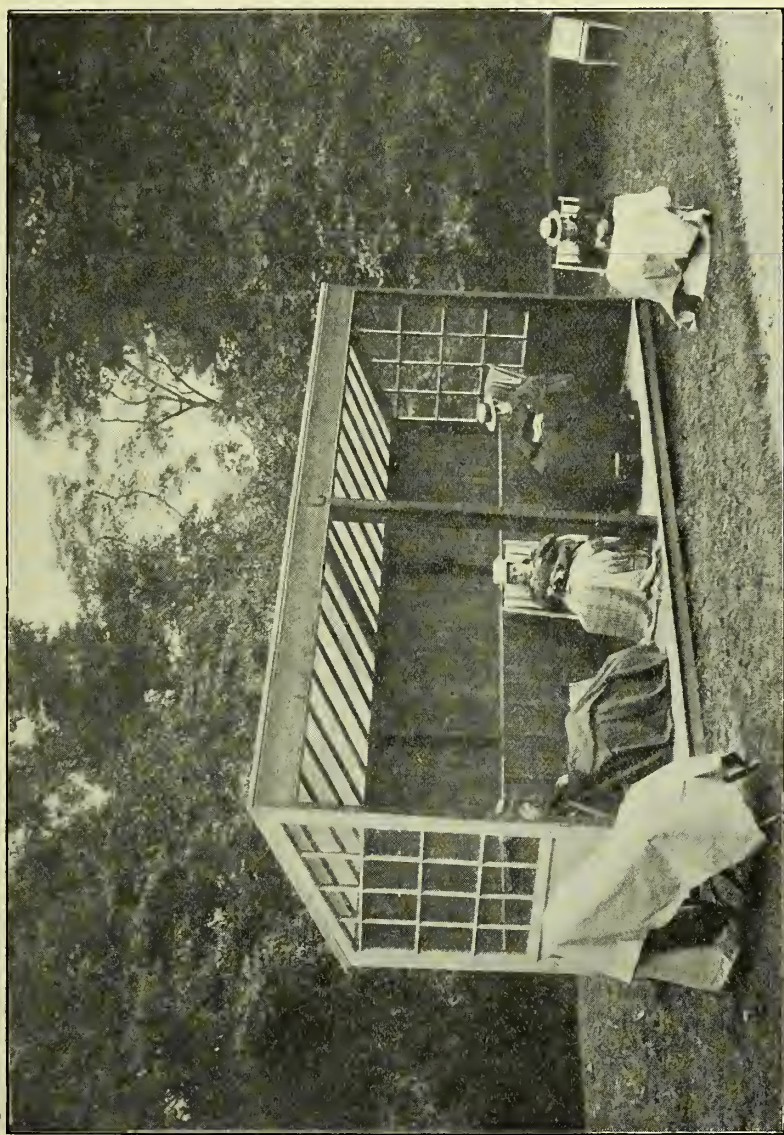
- A—Administrative Block.
- B—New Pavilions.
- C—Original Hospital.
- D—Laundry Offices.
- E—Shelters.

BLOCK PLAN OF THE ROYAL VICTORIA HOSPITAL.

interest in the work of the Hospital throughout Scotland. They realise how much they owe to the ladies and gentlemen forming the Local Auxiliaries of this *National Institution*. They record their grateful thanks to the members of the medical staff and other office-bearers, the lady superintendent, nurses, members of the Samaritan Committee, and lady collectors. They would also thank cordially the clergymen who, both on Sunday and week-day, minister to the spiritual needs of the patients.

In name of the Committee of Management,

A. CHRISTISON,
President.



COVERED SHELTER IN GROUNDS.



Marshall Wane & Co., Photographers.

DINING HALL AND ADMINISTRATION BUILDINGS.

APPENDIX.

THE ROYAL VICTORIA DISPENSARY FOR
CONSUMPTION.

SCHEDULE OF INQUIRY REGARDING DISPENSARY PATIENTS.

<i>No. in Ledger.....</i>	<i>Date of Report.....</i>
Name?	Age?
Address?	Married or single?
Occupation?	Has patient changed occupation?
Able to work full time?	Or part time?
If unable, confined to bed?	
How long ill?	
Situation of house (area, ground floor, 1st, etc.)?	
Number and ages of inmates?	
Number and description of rooms?	
General aspect of house (clean, damp, dusty, smelly)?	
Number of windows?	Can they open?
Are they kept open (a) by day?	
(b) by night?	
Have they always been kept open?	
Does patient sleep alone (a) in bed?	
(b) in room?	
How is washing of clothes done?	
How long in present house?	
If has moved within two years, previous addresses?	
Have there been illnesses or deaths in house?	
(a) In own time?	
(b) In previous occupancy?	
Exposed to infection (a) at home?	
(b) at work?	
(c) among friends?	
Present health of other members of household?	
What precautions taken to disinfect?	
T. B. in sputum?	
T. B. in dust of room?	
General dietary?	Teetotal?
General condition (well-to-do, badly off)?	
Proximate income of household?	
Assisted by societies, church, friends, rates?	

Signed.....Reporter.

.....Medical Officer.

MEDICAL STATISTICS.

I. HOSPITAL—INDOOR PATIENTS.

From the date of opening, 1336 patients have been under treatment in the Hospital.

In addition to these, 228 patients have been allowed to spend the whole day at the Hospital, enjoying the régime and treatment, and going home at night.

Thus—

Resident Patients	1336
Visitant Patients	228

1564

TABLE I.—SHOWING OCCUPATIONS OF PATIENTS.

Artists	1	Draughtsmen	5
Asylum Attendants	1	Dressmakers and Milliners	49
Bakers	11	Dyeworkers	4
Barbers	7	Electricians	5
Black Borderers	1	Electrotype Finishers	2
Blacksmiths	13	Engineers	24
Boilermakers and Riveters	3	Engravers	2
Bookbinders and Folders	14	Envelope Folders	4
Booksellers	4	Factory Hands	25
Brassfinishers	4	Feather Curlers	2
Brassfounders	5	Firemen	10
Brewery Workers	3	Footmen	2
Brick Kiln Setters	1	French Polishers	2
Bricklayers	2	Furniture Designers	1
Builders	1	Furniture Packers	1
Butchers	6	Gamekeepers	4
Butlers	5	Gardeners	20
Cabinetmakers	4	Gas Meter Index Makers	1
Cabmen and Grooms	9	Glass Painters	1
Canvas Embossers	1	Glassworkers	6
Canvassers	2	Globe Menders	1
Carriers	1	Golf-club Makers	2
Charwomen	2	Golfers (Professional)	4
Chemists	4	Governesses	4
Claypipe Makers	2	Grocers	14
Clerks	113	Gunsmiths	1
Coal Merchants	1	Gymnastic Masters	1
Commercial Travellers	20	Housekeepers	18
Confectioners	3	Housewives	140
Cooks	5	Index-cutters	1
Coopers	4	Insurance Agents	2
Crofters	1	Ironfounders	5
Custom's Officers	1	Ironmongers	8
Dairymaids	2	Ironmoulders	2
Dairymen	3	Janitors	1
Decorative Artists	1	Joiners	42
Domestic Servants	103	Journalists	2
Drapers	10	Labourers	40

TABLE I.—*continued.*

Lady's Companions	7	Salesmen	21
Laundresses	5	Saleswomen	42
Leadcutters	1	Sawyers	1
Librarians	1	School Children	83
Lithographers	3	Seamen and Fishermen	20
Machinists	11	Seedsman	2
Maltmen	1	Shepherds	2
Masons	31	Shirtmakers	2
Matron in Girls' Home	1	Shoemakers	7
Medical Practitioners	1	Soldiers	16
Messengers	14	Stationers	1
Millworkers	17	Steelworkers	5
Miners	16	Stonecutters	5
Mosaic Workers	1	Students	10
Nondescript	75	Sugar Packers	1
Nursenmaids	13	Surveyors	1
Nurses	8	Tailors	28
Painters	14	Teachers	23
Paper Bagmakers	2	Telegraphists	2
Paper Workers	6	Telegraph Boys	2
Parish Sisters	1	Ticket Collectors	1
Photographers	3	Tinsmiths	2
Piano Tuners	1	Tobacconists	2
Plasterers	4	Tram Conductors and Drivers	11
Plate Cleaners	2	Turners	1
Ploughmen	8	Typists	5
Plumbers	15	Upholsterers	6
Policemen	7	Valets	2
Porters	9	Van Builders	1
Postmen	8	Vanmen	4
Postwomen	1	Waiters	8
Pressers	2	Waitresses	5
Printers and Compositors	49	Wardmaids	1
Publicans	2	Warehousemen	7
Pursemakers	1	Warehousewomen	5
Quarrymen	1	Watchmakers	4
Railway Workers	14	Weavers	5
Relief Stampers	1	Wood Carvers	6
Reservists	1	Woolsorters	5
Road Superintendents	1		
Rubber Workers	14		
			<hr/> 1564

TABLE II.—SHOWING AGES OF PATIENTS.

Under 11	38
From 11-20	410
„ 21-30	694
„ 31-40	288
„ 41-50	120
Over 50	14
	<hr/> 1564

TABLE III.—SHOWING SEX OF PATIENTS.

Males, 901 ; Females, 663 ; Total,—1564.

TABLE IV.—SHOWING RESIDENCE OF PATIENTS.

Edinburgh	813
Vicinity of Edinburgh	155
Country—	
Aberdeenshire	14
Argyllshire	9
Ayrshire	14
Banffshire	4
Berwickshire	25
British Guiana	1
Caithness-shire	2
Canada	1
Clackmannanshire	14
Cumberland	3
Dumbartonshire	10
Dumfriesshire	16
Durham	1
Elginshire	9
Fifeshire	76
Forfarshire	31
Haddingtonshire	26
Harris	1
Italy	1
Inverness-shire	10
Ireland	1
Kent	1
Kincardineshire	4
Kinross-shire	2
Kirkcudbrightshire	19
Lanarkshire	76
Lancashire	1
Lewis	2
Linlithgowshire	25
London	2
Manchester	2
Midlothian	34
Northumberland	3
Orkney	6
Peebles	3
Perthshire	22
Renfrewshire	11
Ross-shire	8
Roxburghshire	16
Selkirkshire	34
Shetland	14
Stirlingshire	27
Surrey	1
Sutherlandshire	8
Switzerland	2
Yorkshire	2

— 596

1564

II. DISPENSARY—OUT-DOOR PATIENTS.

Up to 31st March 1908, 17,696 *individual cases* received treatment at the Dispensary.

TABLE I.—SHOWING ATTENDANCES FROM 31ST MARCH 1907
TILL 31ST MARCH 1908.

	At Institution.	At their own Homes.	TOTAL.
April	1,262	136	1,398
May	1,134	161	1,295
June	940	177	1,117
July	1,047	119	1,166
August	868	153	1,021
September	1,132	147	1,279
October	1,283	173	1,456
November	1,310	169	1,479
December	1,306	157	1,463
January	1,389	172	1,561
February	1,547	178	1,725
March	1,498	147	1,645
	<hr/> 14,716	<hr/> 1889	<hr/> 16,605
Visits paid by Nurse			2575
Number of Sputa examined			349
Official Notifications made to Authorities		{ Edinburgh 407 Leith 67 }	{ 474

TABLE II.—SHOWING DISEASES FROM WHICH PATIENTS SUFFERED.

Pulmonary Tuberculosis	12,489	Injury to Chest, and Hernia	
Bronchitis	1,561	of Lungs	15
Emphysema, with Bronchitis,		Croupous Pneumonia	18
Asthma, etc.	714	Pleura, Affections of	325
Œdema of Lungs, with or		Larynx, Affections of	310
without Bronchitis, Weak		Affections of related Organs,	
Heart, etc.	352	etc.	1,890
Capillary Bronchitis	22		<hr/> 17,696

TABLE III.—SHOWING OCCUPATIONS OF PATIENTS.

Artists	35	Coal Miners and Workers	192
Athletes	3	Comb and Brush Makers	26
Bakers	181	Confectioners	32
Blacksmiths	127	Coopers	11
Bookbinders and Folders	230	Corkcutters	17
Brassfinishers	120	Dairymen	18
Butchers	65	Domestic Servants	679
Cabmen and Grooms	155	Engineers and Enginemen	284
Carpenters, Joiners, and		Farm Servants	41
Woodworkers	535	Firemen	52
Car Conductors and Drivers	27	Fishermen and Sailors	97
Charwomen	173	Fishwomen	49
Chemists	31	Fitters and Riveters	73
Children (below fifteen)	2142	Gardeners and Farmers	85
Chimney Sweeps	7	Gatekeepers and Messengers	98
Clerks and Warehousemen	542	Glasscutters and Grinders	40

TABLE III.—*continued.*

Glaziers and Gilders	34	Postmen, Lamplighters, etc.	44
Golf-club Makers	8	Printers, Compositors, etc.	429
Grocers	100	Railway Servants	84
Guards	28	Riggers	5
Gunmakers	12	Rubber, Sealing-wax, and Vulcanite Workers	307
Hairdressers	68	Saddlers	2
Hawkers	132	Salesmen	231
Hosiery Workers	10	Saleswomen	267
Housewives	3608	Scavengers	26
Insurance Agents and Com- mercial Travellers	181	Seamstresses and Dressmakers	366
Ironmongers and Typefounders	165	Shoemakers	202
Jewellers and Watchmakers	51	Sick Nurses	47
Labourers	1167	Slaters	33
Laundresses	133	Soldiers	17
Leather Workers	19	Spinners	18
Librarians	3	Stokers	11
Lithographers	35	Students	18
Lorrymen and Carters	177	Surveyors	6
Maltmen	47	Tailors and Hatters	363
Masons	627	Tanners and Curriers	27
Millworkers	319	Teachers	26
Musicians	28	Tinworkers	79
Nondescript	990	Tobacconists	3
Opticians	2	Upholsterers	66
Paper Bag Makers	71	Van Drivers	45
Paper Cutters	60	Waiters	134
Painters	168	Weavers	47
Plasterers	50	Wireworkers	28
Plumbers	98		
Policemen and Watchmen	39		
Porters	171		17,696

TABLE IV.—SHOWING AGES OF PATIENTS.

From 1-10	1,317
„ 11-20	3,883
„ 21-30	5,016
„ 31-40	3,824
„ 41-50	2,162
„ 51-60	1,080
Above 60	614
	17,696

TABLE V.—SHOWING SEX OF PATIENTS.

Males	9,592
Females	8,104
	17,696

TABLE VI.—SHOWING RESIDENCE OF PATIENTS.

Edinburgh, including Portobello and Joppa	13,743
Leith, Newhaven, and Trinity	1,996
Country	1,957
	17,696

TABLE VII.—SHOWING DISTRICTS FROM WHICH PATIENTS HAVE BEEN RECEIVED, OTHER THAN EDINBURGH, LEITH, AND IMMEDIATE VICINITY.

Aberdeen	6	Colinton	9
Aberdour	7	Corstorphine	28
Abernethy	2	Cowdenbeath	11
Addiewell	2	Cramond	5
Alexandria	2	Crieff	3
Alloa	11	Cumberland	2
Alnwick	1	Currie	10
Alva	14	Dalhousie	1
Alyth	1	Dalkeith	37
Airdrie	3	Dalmeny	2
Annan	1	Davidson's Mains	19
Anstruther	1	Denholm	1
Arbroath	2	Denny	2
Argyllshire	4	Dollar	1
Armadaie	18	Doune	3
Arran	1	Drem	2
Auchendinny	4	Duddingston	12
Auchterarder	1	Dumbarton	2
Ayr	3	Dumfries	7
Ayton	1	Dunbar	11
Bathgate	39	Dunblane	2
Beattock	1	Dundee	16
Belfast	1	Dundonald	1
Berwick-on-Tweed	12	Dunfermline	34
Biggar	1	Duns	4
Blackhall	14	Duntocher	1
Blair Atholl	1	Dysart	5
Blairgowrie	2	Earlston	6
Blantyre	3	East Calder	9
Bonar Bridge	1	Ecclefechan	1
Bo'ness	19	Elgin	3
Bonnyrigg	34	Elphinston	1
Bowbridge	1	England	26
Bridge of Allan	1	Eyemouth	2
Broomieknowe	1	Falkirk	46
Broxburn	63	Fauldhouse	6
Buckhaven	1	Fife	23
Burntisland	9	Ford	2
Caithness	5	Forres	1
Carlisle	4	Galashiels	50
Carluke	1	Garvald	2
Carstairs	1	Gifford	1
Castle-Douglas	1	Gilmerton	4
Chirnside	2	Glasgow	125
Cleland	1	Gordon	1
Coatbridge	4	Gorebridge	10
Cobenshaw	1	Govan	4
Cockenzie	85	Grangemouth	5
Coldstream	2	Granton	16

Greenock	3	Motherwell	2
Haddington	19	Musselburgh and Fisherrow	188
Hamilton	6	Newcastleton	1
Hawick	6	Newton Grange	3
Helmsdale	1	Niddrie	4
Innerleithen	9	North Berwick	6
Inverkeithing	8	Orkney and Shetland	33
Inverness	7	Paisley	2
Ireland	2	Peebles	22
Island of Eigg	1	Pencaitland	15
Jedburgh	3	Penicuik	44
Johnstone	7	Perth	15
Juniper Green	16	Pitlochry	4
Kelso	3	Polmont	12
Kinghorn	2	Polton	5
Kingsknowe	1	Prestonpans	25
Kincardine	1	Queensferry, N. and S.	21
Kinross	2	Ratho	4
Kirkcaldy	59	Reston	1
Kirkcudbright	2	Roseburn	1
Kirkintilloch	1	Rosewell	8
Kirkliston	6	Roslin	5
Kirknewton	3	Ross-shire	2
Ladybank	4	Rothsay	1
Lanark	9	St. Andrews	3
Langholm	1	St. Boswells	2
Langsidehouse	1	Saltcoats	1
Larbert	1	Selkirk	9
Lasswade	6	Shotts	4
Lauder	1	Slateford	25
Leadburn	1	South Shields	3
Lerwick	1	Stenton	1
Leslie	1	Stirling	17
Leven	2	Stobo	1
Liberton	18	Stonehaven	1
Linlithgow	8	Stornoway	1
Liverpool	3	Stow	5
Livingston	1	Sutherlandshire	3
Loanhead	36	Tain	1
Loch Fyne	1	Tillicoultry	3
Lochgelly	5	Tranent	92
Lochwinnoch	2	Tynecastle	1
Lockerbie	3	Uphall	15
London	4	Wales	1
Longniddry	2	Walkerburn	6
Macmerry	3	Wemyss	4
Manchester	1	West Calder	11
Manuel	1	West Linton	1
Markinch	5	Whitburn	5
Maybole	1	Wick	5
Melrose	6	Winchburgh	6
Methil	3	Wishaw	1
Midcalder	18	Australia	1
Midlothian	9	Brooklyn, N.Y.	1
Milton Bridge	1		
Moffat	2		
Montrose	3		

ILLUSTRATIVE CASES.

HOSPITAL.

F. J.—Clerk, aged twenty-one, was admitted into Hospital in July 1896, with a history of two years' illness. His father had died from phthisis, and his mother was suffering from it. He had severe pain in the chest, dyspnœa, night-sweats, and loss of appetite. His weight was 7 st. 11½ lb., and he showed considerable emaciation. There was pronounced disease of both lungs. During his stay in Hospital his general condition improved much, and he gained one stone weight. Thereafter he was kept under close observation till May 1899. During all that time, in spite of occasional troublesome symptoms, he kept up his weight and general condition. Since then, he has been continuously at work, and has added to his clerkship the conducting of a successful business. He has maintained rigidly the principles of open-air life and the régime of the Hospital, and is now in excellent health.

J. W.—Law clerk, aged nineteen, was admitted into Hospital in April 1899, with a history of two years' illness. Two uncles on his father's side had died of phthisis. Patient suffered from grave symptoms of chest disease. Chest was very poorly developed. The disease was bilateral, but at a curable stage. He remained in Hospital for several months, and after discharge kept up the treatment. Since then he has continued in perfect health. He resumed his occupation of a law clerk, and is at present engaged as such, and works in an office all day.

R. I.—Clerk, aged twenty-two, was admitted into Hospital in February 1899, with a history of recurrent "colds in

chest" for five years, and for four months a continuous "bad spit." One of the patient's sisters had died of phthisis. On admission, the patient complained especially of stabbing pains in the chest, and almost total loss of appetite. His weight was 9 st. 7 lb. On examination, the patient showed widespread signs of disease in both lungs. Tubercle bacilli were numerous in the expectoration. During residence in The Royal Victoria Hospital the condition improved very much. The patient now lives constantly on open-air lines, and has kept strong and well ever since his discharge.

D. A.—Draper, aged eighteen, was admitted into Hospital in November 1900, with a history of cough and spit for seventeen months. An elder brother had had phthisis for two years. Patient complained of hacking cough, with a spit occasionally tinged with blood, and frequent sharp pains. The patient presented evidence of bilateral disease, with excavation. Tubercle bacilli were numerous in the sputum. During the patient's residence of six and a half months, the signs of active disease gradually lessened, till the disease became arrested. His general condition was immensely better, 19 lb. weight being gained. The patient has maintained the open-air life, and looks and feels in splendid condition, after continuous work for several years.

S. J.—Plumber, aged nineteen, was admitted into Hospital in November 1901, with a history of cough and pain in chest, loss of appetite, and general weakness. A brother had died of "hip-joint" disease, and a sister of "spine" trouble,—both of tuberculous nature. Patient had been off work for four months before admittance. There were tubercle bacilli in the expectoration. The disease was bilateral, with active mischief in the left lung. He remained in Hospital five months. The disease was arrested. He obtained an open-air occupation as a tramway conductor. Having saved sufficient money at this to pay his passage to Canada, he sailed for that country, and is now doing full day's work as a farm labourer.

F. J. — A commercial traveller, aged forty-two, was admitted into Hospital as a "visitant" patient in January 1902, with a history of pleurisy seven years before, and, recently, of continuous cough and spit for nine months. He had been so ill that he could hardly get out of and into bed. The pulse was very rapid and feeble, and there was widespread evidence of lung disease on both sides. Constitutionally he was greatly reduced. The patient improved in most remarkable fashion. The disease was arrested, and he put on 53 lb. weight during treatment. For several years he has been steadily engaged in a long day's work (6 a.m. to 8 p.m.) as bath attendant at the Hospital—at once a guide and object lesson to the rest of the patients.

DISPENSARY.

The Assistant Medical Officer gives the following notes on cases taken from his book, which illustrate the work of this department :—

E. C.—Aged thirty years. This woman first came under my notice in November 1906, when she was so ill that she had to be brought up to the Dispensary in a cab. She was suffering from very advanced phthisis in both lungs, and at that time did not look as if she would live more than a week or two. Nevertheless, she said she had no previous knowledge that she was suffering from consumption. I ordered her home to bed, and attended her at her own home, and was greatly helped in my treatment by the kind care which our nurse gave her. Measures of disinfection were most carefully enjoined. She improved very much for about a year, during much of which time she was able to do light house work, and go out a little. But in the spring of this year, her strength again gave way. After three months in bed, she succumbed. The case shows clearly how with proper treatment and the intelligent co-operation of the patient, much may be done even in the worst cases.

L. S.—Girl, aged fifteen. This patient was brought to the Dispensary about a year ago by her mother, to be treated for “weakness and slight cough.” She was found to be suffering from consumption in an early stage. She was sent to The Royal Victoria Hospital as a “visitant” patient, in order to learn the proper line of treatment. Since then she has attended the Dispensary weekly. Her mother has carefully carried out the treatment, both as regards fresh air and suitable feeding, with the result that the girl is now practically well, though still requiring a certain amount of supervision. A large number of such cases come to the Dispensary every year, and, as a general rule, do extremely well under treatment.

R. O.—Aged thirty, barman. This case was seen first at the Dispensary, when the patient was in a very advanced stage of the disease. The sputum was abundant, and full of tubercle bacilli. For the safety of the household and his own comfort, it was deemed advisable to send him to City Infections Hospital, where he died a few weeks after admission.

J. L.—Aged twenty-four, railway porter. When first seen this patient was able to work, and came up here several times. For nine months he ceased visiting the Dispensary, and when next seen was so ill that he had to be sent at once to the City Hospital, where he soon afterward succumbed to his malady.

A. C.—Aged thirty-one, bookbinder. Came to the Dispensary three years ago in a fairly early stage of consumption. After a few months’ treatment here he was sent into The Royal Victoria Hospital, where he remained for several months. The disease was successfully arrested, and, since his discharge, patient has been working regularly at his trade, and his health has been excellent.

G. N.—Aged twenty-three, car driver. After being examined here, was sent into The Royal Victoria Hospital, and was treated successfully during three or four months.

Since his discharge he has again been following his occupation, and is maintaining the improvement made during his stay in Hospital.

SAMARITAN WORK.

The following cases show the nature of the work which is undertaken by the ladies of the Samaritan Committee:—

F. J.—Aged twenty-nine. This patient has been under treatment for the last eight months. When she consulted at the Dispensary, she was suffering from phthisis in an advanced stage. The difficulty of treating the case was increased by the fact that her husband was working on short time, and only earning from twelve to sixteen shillings per week. For some weeks she was treated at home, when the nurse's help proved invaluable. Nurse visited her daily, took food to her, and made soup and puddings for her, to tempt her appetite. One of the ladies of our Samaritan Committee took a warm practical interest in her, helped in the way of food and clothing, and also in the matter of the rent. The patient is now doing fairly well, and is able to go about every day.

R. M.—Cabinetmaker, age forty-six. Has been a patient at the Dispensary for over two years. During the most of this time he has been attended at his own home. He is a most intelligent man, and very practical in carrying out all instructions as regards treatment and disinfection. The case is a slowly progressive one, with no hope of improvement, otherwise he would have been admitted to The Royal Victoria Hospital long before this. The case is too chronic for the City Hospital for advanced cases. M. is a warm supporter of the Dispensary, and speaks most gratefully of all that has been done for him, and, in particular, of the good it does him to see the Samaritan lady. In this long drawn-out illness the practical sympathy and regular visiting of the ladies adds considerably to the brightness of the patient's life. I find these visits are regularly looked forward to.

ABSTRACT OF THE CLERK AND TREASURER'S ACCOUNTS, from 31st March 1907 to 31st March 1908.

I.—ORDINARY INCOME AND EXPENDITURE ACCOUNT.

INCOME.

Revenue received—

1. Subscriptions and Donations—

Per Treasurer (page 45)—

(a) Ordinary £726 6 9

(b) Per Special Appeal 1,086 11 1

£1,812 17 10

86 16 0

£1,726 1 10

*Deduct—*Expenses of Special Appeal

£1,726 1 10

Collections in Edinburgh—

(a) Per Lady Collectors (page 55) £580 1 3

(b) Per Charity Organisation Society (p. 58) 379 2 0

Per Public Works (page 59) 959 3 3

Per Lady Collectors in Country Districts 120 18 0

(page 93) 1,530 17 6

Per Sunday School and Church Collections (page 94) 24 19 6

Per Collecting Boxes (page 94) 96 12 1

£4,458 12 2

1,070 1 0

508 14 2

10 0 0

£5,146 7 4

2. Contributions from Patients

3. Dividends and Interest received

4. Donation to Research Fund (page 94)

5. Miscellaneous Receipts, including Fees for notification of Phthisis Cases, £7. 16s.; Nurse's Fees, £59. 3s. 6d.; Income Tax re-

paid, £26. 5s. 2d.; and Sundries, £24. 13s. 11d.

£5,146 7 4

£5,146 7 4

£5,146 7 4

£5,146 7 4

£5,146 7 4

£5,146 7 4

£5,146 7 4

£5,146 7 4

£5,146 7 4

£5,146 7 4

£5,146 7 4

£5,146 7 4

£5,146 7 4

£5,146 7 4

EXPENDITURE.

I. Payments in connection with the Hospital—

1. Provisions £2,674 2 6

2. Salaries to Resident Staff 288 9 0

3. Servants' Wages 275 14 8

4. Rates, Taxes, and Insurance 165 3 8

5. Heating and Lighting 471 15 10

6. Furnishings and Repairs 366 5 2

7. Medicines and Medical Appliances 140 15 7

8. Expenses of Laboratory 128 15 9

9. Upkeep of Grounds 146 14 9

10. Lady Superintendent's Sundries 28 1 1

£4,685 18 0

II. Payments in connection with the Dispensary—

1. Rent, Taxes, and Insurance £56 1 3

2. Salaries to Medical Assistants 65 0 0

3. Nurse's Salary and Sundries 27 5 0

4. Coals and Gas 11 16 6

5. Furnishings and Repairs 82 5 5

6. Caretaker's Wages 63 0 0

7. Medicines and Medical Appliances 268 17 5

8. Caretaker's Incidents, £10. 5s., and Miscellaneous, £19. 7s. 3d. 29 12 3

£1,070 1 0

508 14 2

10 0 0

£1,588 15 2

£1,588 15 2

£1,588 15 2

£1,588 15 2

£1,588 15 2

£1,588 15 2

£1,588 15 2

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£1,588 15 2

£1,588 15 2

£1,588 15 2

£1,588 15 2

£1,588 15 2

Excess of Ordinary Expenditure over Income carried to Extraordinary Account

353 19 11

£6,519 5 10

£6,519 5 10

£6,519 5 10

£6,519 5 10

£6,519 5 10

£6,519 5 10

£6,519 5 10

CHARGE.

Funds as at 31st March 1907	£17,243	6	5
Legacies received—			
Trustees of Miss Charlotte Anderson, Newburgh, Fifie, less legacy duty, etc.	£893	11	6
Executrix of Miss Margaret Edgar, per Messrs. Duncan & Black, W.S.	50	0	0
Balance of net residue from the Trust Estate of the late Mrs. Isabella Bogie or Haxton, per Messrs. Beveridge & Aitken, Solicitors, Kirkcaldy.	13	9	7
Special Donations—			957
Anonymous	£600	0	0
Miss Nasmyth, Middlebank, Inventor	60	0	0
Donations of £20 and upwards, received in answer to appeal for Funds, transferred from Ordinary Income and Expenditure Account	310	0	0

 £19,170 7 6

DISCHARGE.

Payments in connection with New Buildings	£9,779	8	11
<i>Note</i> .—The total payments in connection with the New Buildings to date, amount to £11,052, 19s. 2d.			
Excess of Ordinary Expenditure over Income, transferred from Ordinary Income and Expenditure Account			353
Funds as at 31st March 1908—			19
£1360 3½% Debenture Stock of National Telephone Company at cost	£1,479	14	0
£1000 4% Debenture Stock of the Caledonian Railway Company at cost	1,227	17	6
£1000 3% Debenture Stock of the North British Railway Company at cost	919	9	6
£1000 3% Perpetual Debenture Stock of the South-Eastern Railway Co. at cost	901	12	9
£1000 4% Debenture Stock of the Great Eastern Railway Company at cost	1,200	17	3
£1000 4% Perpetual Guaranteed Stock of the Great Northern Railway Co. at cost	1,197	2	0
On Deposit with the Edinburgh and Leith Gas Commissioners bearing Interest at ½% above Bank Deposit Receipt Rates	400	0	0
Sum on Account Current with the Commercial Bank of Scotland	668	14	0
Sum in Lady Superintendent's hands to meet current weekly wages	30	0	0
Excess of Sums received over payments made after 31st March 1908, applicable to the year ended 31st March 1908, and included in this Abstract	1,011	11	8
	9,036	18	8

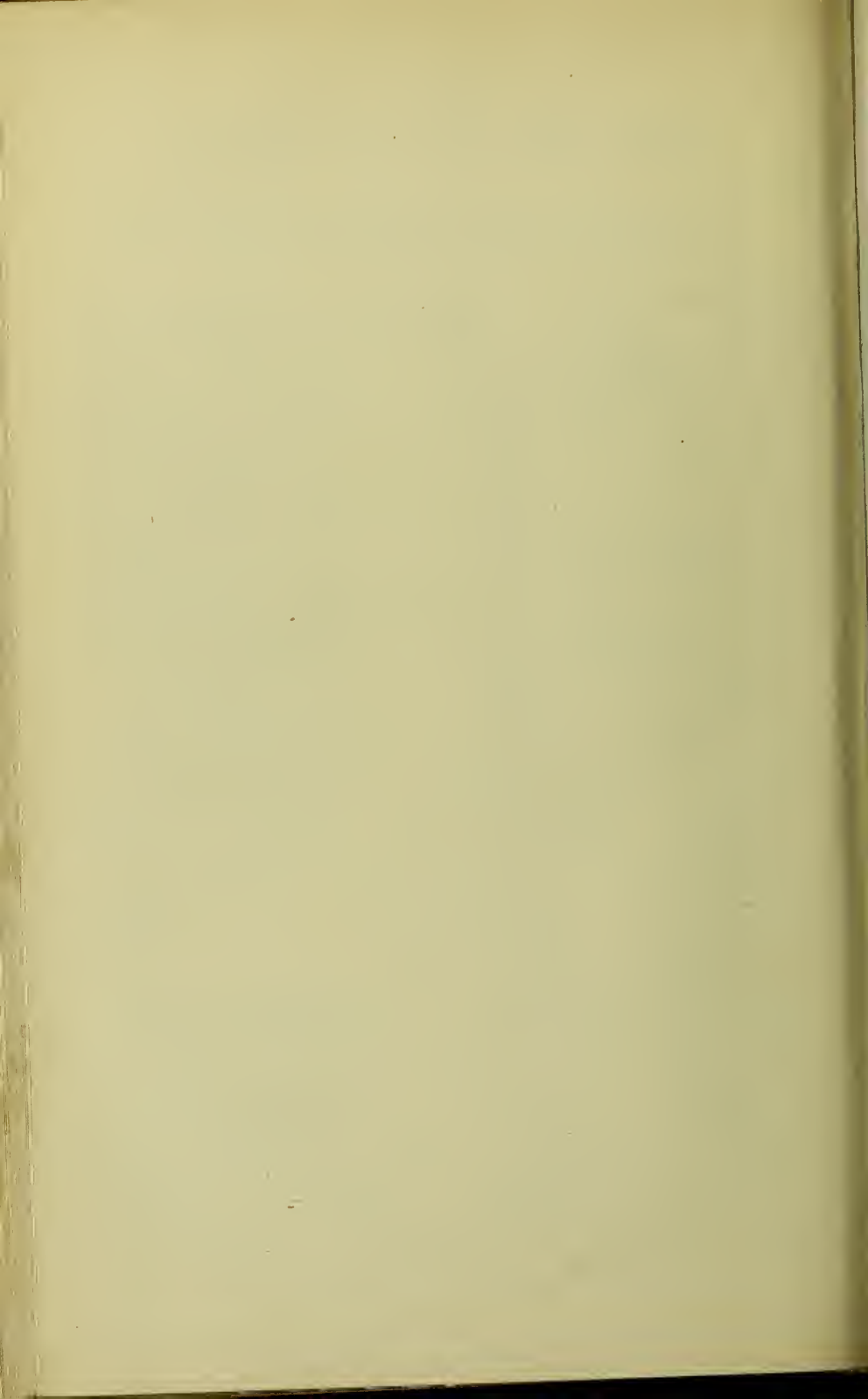
 £19,170 7 6

EDINBURGH, 31st July 1908.—I have examined the Accounts of the Intromissions of the Clerk and Treasurer of THE ROYAL VICTORIA HOSPITAL FOR CONSUMPTION for the year ending 31st March 1908, of which the above is an Abstract, and have found them correct.

NOTE OF ENDOWMENTS.

"Howard Graham Usher Bed"	£1,000	0	0
Donation from the late Julius H. Beilby, Esq., the Income available for Ordinary Expenditure	500	0	0
"George Vallance Bruce Bed"	1,000	0	0
"W. E. Miller Bed."	909	6	8
"Sir A. and Lady Oliver Riddell Bed"	1,000	0	0
Mrs. Cossar, Corstorphine	1,000	0	0
	£5,409	6	8

EDWARD BOYD, C.A.,
Auditor.



REPORT of the Annual Meeting, held at the Hospital, on Thursday, 18th June 1908, at at 4.30 p.m.

THE ANNUAL MEETING was held on Thursday afternoon, 18th June 1908, in the new Dining-Hall of the Hospital, and was largely attended. Sir Alexander Christison, Bart., occupied the Chair, and among others present were—Lord and Lady Dunedin; Very Rev. Dr. Marshall, Moderator of the Church of Scotland; Lord Salvesen; Professor Crum Brown; Lieut.-Col. Arnott; Mr. R. R. Simpson, W.S.; Mr. Patten MacDougall, C.B., Vice-President of the Local Government Board; The Vice-President of the Royal College of Physicians (Dr. Playfair); Dr. Philip; Dr. Gulland; Dr. Lyall; Mr. L. A. Guthrie; Mr. Norman Cairns, etc.

Sir ALEXANDER CHRISTISON said: "The Lord Provost had intended to preside, but I am sorry he is not able to do so. He has been obliged to go to London on the business of the city. I do not propose to detain you with many remarks. I should like, however, to welcome all our visitors to our new hall, and also to the grounds, which are now in so good order. I wish also to call your attention to the fact that we are now in possession of an organ through the generosity of one of the members of the Committee. In regard to the grounds, they were formerly quite a desert, but owing to the artistic skill of Messrs. Sydney Mitchell and Wilson, our architects, and the ability of our neighbours, Messrs. Cunningham & Fraser, they have been laid out with much taste, and now, as you will see, present a beautiful appearance.

"It was last October, you may remember, that this building was opened by Mr. A. J. Balfour. This day, the 18th June, as I daresay you all recollect, is the anniversary of a great battle which was fought between two peoples who are now at the present day very great friends. It led to great and important events in the history of Europe. Well, I only allude to it because I consider that we ourselves are engaged in a great battle. It is a battle against millions of millions—viz. the microbes of tuberculosis. This battle is not to be fought in one day, or in many days. We have to fight on, and to hope for success in the end. Our own example here, which has been pretty prominent, has led to a great deal of interest being taken in the subject in other countries, and we are all in great hope that by means of this open-air treatment of tuberculosis we shall make some impression on this dreadful disease." (Applause.)

Mr. CAIRNS intimated apologies for absence from The Lord Provost, Lord Balfour of Burleigh, Sir Alexander Kinloch, Bart., Sir Oliver Riddell, Professor Chiene, etc.

Lord DUNEDIN said: "The motion I have been asked to make is—

"That the Annual Report be adopted, printed, and circulated."

"As Sir Alexander has reminded you, this is the first meeting we have had since the enlargement of the Hospital, and it is the first meeting we have had in this hall. It recalls to us the meeting of last October, when, naturally, a greater effort than usual was made to attract the public, and to bring home to them the work of the Institution. That effort was largely contributed to by the presence of Mr. Balfour on that occasion, and I have no doubt I am speaking to many who heard the instructive speech the Right Hon. Gentleman then delivered.

"It occurs then to me to ask myself—Why say in other words what was so well said on that occasion? Well, in the first place, I am afraid that human experience shows that a certain amount of repetition is necessary to convince the public of anything, however good it is; and the truth is that the new scientific idea of combating this disease, which was so well developed by Mr. Balfour, is, I am afraid, still a somewhat unknown subject to a great many members of the public.

"There is this additional consideration, that one is not merely speaking to those present, but through the medium of the press to the larger public outside. I should therefore wish to remind, in a word or two, the public of the claim which the Royal Victoria Hospital has upon them. I think the leading idea that was in Mr. Balfour's speech, and that is in Dr. Philip's mind in connection with the conduct of the Hospital, is, that we should like to be rid of the word 'Hospital' altogether. That word is associated in one's mind with the old idea merely of the cure of the individual. Now, although I do not underrate the value of the curative work of the Hospital to the individual, its real value to the public is as a preventative institution, and it is on that line that the work is pushed.

"The Report which is before you is calculated to give great encouragement and hope to all who are proceeding on these lines. The underlying idea of it all is that consumption, the very existence of consumption, is not a necessity, and that after some years consumption may be so reduced by scientific treatment that it will no longer be one of the great dangers to life that it has been in the past. (Applause.)

"The great measure of success which has already been obtained points still more fully to a greater measure of success which may be obtained in the future. Of course, in order to do any good, you must take the cases in time. That is a lesson which is almost self-evident, and at anyrate it is well settled in the

breasts of those who direct this Institution. If you do take the cases in time, you do two things, you not only cure the person who is suffering, and restore to him the possibility of doing useful work in the world, but you also remove a means of propagating infection.

"The basis of the whole Institution, and that is brought out well in the Report, is the Dispensary. I really cannot express my views on this matter better than was done in the Report itself. It points out the value of the Dispensary as a centre for information and guidance in relation to consumption, and how it supplies statistics which are very valuable in the interests of public health.

"It also does something which I think, if I may venture to compliment the writer of the Report, is described in a very striking phrase. The author of the Report says, 'The Dispensary also serves an important function as a great "clearing-house." It sifts and groups the various types of consumptive cases, and places them under suitable surveillance. Thus some patients are continued as visitant patients at the Dispensary. Others, too ill to attend the Dispensary, are attended at their own homes by a qualified doctor and nurse, and it may be by a member of the Samaritan Committee. Early cases are transferred to the Victoria Hospital with a view to cure. Advanced and dying cases are recommended to the City Hospital, where fifty beds are set apart for the segregation of such patients.'

"Now, I think that is one of the most valuable attributes of the Dispensary, because it really clears the way for the scientific treatment of the disease. Of course, the more that the treatment gets fair play, the more and more will we hope that the number of cases that go to the Hospital to be cured will increase, and the number of hopeless cases will decrease.

"The Report also points out how the Dispensary helps in the matter of domiciliary visitation, and also serves to call attention to some very striking facts concerning change of residence as a factor in the spread of consumption which are well worthy of the attention of the Public Health authorities. All these facts and figures go to swell the enormously increasing and tremendous weight of evidence that, after all, consumption is to be treated like other infectious diseases. (Applause.)

"The next stage of what I may call hopeful cases is, of course, within the Hospital itself, and there the Report is full of hope, because it shows quite clearly that in the mere matter of successful results the Hospital need not fear any inquiry. A paragraph in the Report says, 'So long as patients remain under the régime of the Hospital, it is the exception to find a patient falling back. During the year, a considerable number of letters have been received from old patients in different parts of the country, or scattered more widely throughout the world, with favourable reports of their condition after years of trial. Hundreds of lives have thus been saved.' That is a portion of the Report in regard to which no

more need be said. The mere statement of the results is sufficient justification for the existence of the Institution.

"But there is another topic dealt with in the Report which I make no apology for bringing specially before you to-day. It is not a novelty in the Hospital's activity. I want you particularly to realise that. It is a portion of the work to which the Committee of the Hospital now wish to devote their energies, and on behalf of which we would wish, through the medium of the press, to make a special appeal to-day, and that is what is called 'The Colony Scheme.'

"Perhaps some may think that a consumptive patient is like a person suffering from an ordinary illness, who could do nothing else but endeavour to get well. That is a complete mistake. Not only can they do other things, but, as a matter of fact, the doing of these other things is part of the curative treatment which is brought to bear upon them. I was perfectly astonished to find, from the statistics which have been put into my hand, to what a really scientific stage this question of physical treatment has reached. It seems there are three stages which are regularly practised in the Hospital.

"Of course, what each patient can do has to be carefully considered. It would be of little use to put a lady to break stones, or a navy to do embroidery. What exercise or work each patient has to undertake is determined by the history of the patient, his previous training, and the stage of the disease. Well, from the experience the Committee has had at the Hospital, they thought there should be a Colony to which patients should be sent during the period of what I may call their convalescence, and where they would be put to work for which they are fitted. There are many cases in which it may be said to be impossible for a patient to get work in ordinary employment in ordinary life, and yet be able to do a good deal for himself in a Colony.

"In the opinion of those who have thought out this scheme, this Colony might be almost made self-supporting, because, of course, if patients are working, there is no reason why their work should not be disposed of at such prices as it will fetch. It may be said that we have been experimenting in this matter at the Hospital already, because a considerable part of the grounds have been embellished by the labour of the patients. That shows what might be done at a Colony.

"The only reason that the Colony has not been attacked before is that there were more pressing needs. Until the Hospital was fully developed in itself, both as regards these central buildings in which we are now met, and in respect of extra accommodation for patients, there was not time, there was not money, to take up this branch of the scheme.

"I wish you, however, clearly to understand that this is no new development. - It is a necessary part of the original scheme to make it complete in all its branches, and what I am doing to-day is to ask you not to spoil the ship for want of a pennyworth of tar. The public has been generous hitherto; the result of that

generosity is before your eyes. They have, as the Report says, undoubtedly got something for their money in the practical success of the Hospital.

"Now I venture, on behalf of the Governors, to say to the public, 'Don't spoil the whole scheme for want of a little more money.' It is not a great deal that is wanted. As a practical figure, I believe that if the Committee had £5000 on hand, they would begin at once. It is a scheme which obviously admits of being started on a small scale, and which can be added to as time goes on.

"Therefore, I again say that we wish a special effort made to allow this scheme to be started. And if the public look at the successful results in dealing with tuberculosis which have already been attained, and to what may be expected when the scheme is further developed, then they may give their money, not so much as if they were contributing to a charity as to a scheme of protective health assurance. I have much pleasure in formally moving the motion I have read."

Professor CRUM BROWN said: "I have been rather unexpectedly called upon, in the absence of Principal Sir William Turner, to second the motion. But not much requires to be said after the full and excellent speech of Lord Dunedin. One or two things occur to me. I think everyone of us could do something for the success of the Institution by bringing it under the notice of those who are less acquainted with its aims and objects than we are ourselves. We might have many opportunities of expressing our strong sympathy with the Hospital, and of letting our friends know of the good that it is doing.

"Lord Dunedin said truly that we look upon this not only as an institution for the protection of individual cases, but as a potent factor towards that end we are all looking forward to, and which some of the younger people may live to see accomplished, when this disease we are combating will be extinguished altogether. There were diseases which existed in this country which now are only names. We have 'Liberton' to mark the spot of the 'Leppers' town,' and it may be that this Hospital will become a sort of historical survival, and people will say, 'What sort of a disease was consumption?'

"In the meantime we can confidently recommend the Hospital as a great preventative institution, as doing a great public work, and as also accomplishing a great good for the individual. The illustrative cases given in the Report shows how many people were restored to active life through the agency of the Institution. Let us then take every means in our power to impress on those around us the importance of the work done here. If we do, I am persuaded the extension of the Hospital, so much needed, will not be long in taking place."

The Right Rev. The Moderator of the Church of Scotland, the Rev. Dr. THEODORE MARSHALL, moved the following resolution:—

“That the Royal Victoria Hospital for Consumption, in its various departments is worthy of most liberal support from all classes of the community.”

“I hope (said the Moderator) that the Report will be widely circulated and read, for you will find on almost every page some matter of interest, something that is exceedingly instructive. I confess that to my mind, which is somewhat conservative in its nature, it was very difficult to realise all that we are now forced to believe regarding consumption. I suppose every one of us had a rooted idea that it was essentially hereditary, and that practically nothing could be done to arrest it. How often have we seen, and heard of, it coming into a family of boys and girls and sweeping them off the face of the earth as soon as they came to manhood and womanhood. It was felt that could not be helped, however much it might be deplored.

“We have been forced to see that that was an absolutely erroneous conclusion to which the public had come, and when that idea took possession of the public mind, and it was seen to be really practicable to deal with this disease, enormous progress has been made. It has often been said that the greatest of all difficulties in connection with any important work is to persuade people that it is possible.

“Well, I think we have now been persuaded, not only by what we have read and by what we have been told by scientific authorities, but by what we have seen ourselves. We ourselves know that it is possible, and, having got that length, it now comes to be our duty strenuously to act together to try to stamp out this disease from our country.

“I notice one phrase in this report I should like to mention. I agree with Lord Dunedin that there are a number of happy phrases in the Report. This one is, that not only does the Hospital help to cure the individual patient but it teaches him how to keep well. I think that is a great matter. You have a large number of people going out from this Hospital with the knowledge of how to keep well in daily life, and that is a great matter.

“The resolution says that the Hospital is worthy of support from all classes of the community. Well, as everyone knows, this is a disease that is not peculiar to any one class of the community. It affects all alike, the rich and the poor, and therefore the whole community is deeply interested in the efforts that are being made to combat it. Any institution carrying on such a beneficent work as this one is doing is certainly well worthy of the most liberal support of all classes of the community.”

Mr. PATTEN MACDOUGALL, C.B., Vice-President of the Local Government Board, said: “When I was asked to take part in your proceedings this afternoon, as representing the Local Government Board, which is charged with the control and administration of Public Health in Scotland, I felt it was impossible to decline the invitation, because we all recognise, my colleagues and myself, the

great work which Dr. Philip and this Institution has done and is doing in Scotland, and not only Scotland, but in Great Britain.

"We all know, as a colleague stated at the meeting in October, that the scheme of the Institution has been adopted by the Local Government Board as a national system for the administration of the campaign against tuberculosis in Scotland.

"On many occasions it has been my privilege to accompany to the Hospital visitors from all parts of the country, who were anxious to see how this system worked. In many parts of Scotland the lead that has been given here is being followed. We have sanatoria starting up in different parts of the Highlands, which are doing an enormous amount of good—curative, preventative, and educative.

"If I were to emphasise any part of the Report in seconding the motion now before the meeting, it would be that page of it showing the place of residence of the patients who are received and are treated in the Hospital. You will see there that the Institution opens its gates to patients from all parts of the country, and I know from personal experience that patients from all parts of Scotland have been treated here with the greatest advantage to themselves, and to their friends to whom they were able to return in health. You will notice from the table that patients from England and from Ireland have also been received at the Hospital.

"In Ireland at present a good work is being carried on under the auspices of Lady Aberdeen in connection with the treatment of tuberculosis. It shows anew that the successful beginning which has been made in Scotland is bearing good fruit.

"Other features in the Report point to this, that the Institution is a thoroughly national one; and I think that the appeal now being made on its behalf should be responded to from all parts of Scotland."

The motion was cordially passed.

Lord SALVESEN moved—

"That best thanks be accorded to the Committee of Management, the Medical Staff, the Samaritan Committee, the Lady Collectors, the Visiting Clergy, for their valuable services during the year; and that the following be the Committee of Management for the coming year:—Sir ALEX. CHRISTISON, Bart. (President); Sir ALEX. KINLOCH, Bart. (Vice-President); Sir RALPH ANSTRUTHER, Bart.; Brigade-Surg. Lieut.-Colonel JAMES ARNOTT, M.D.; GEORGE CRABBIE Esq.; CHARLES COOK, Esq., W.S.; The Lady DUNEDIN; The Hon. Lord GUTHRIE; GEO. A. CLARK HUTCHISON, Esq., Advocate; Sir ARTHUR MITCHELL, K.C.B.; JAMES MYLNE, Esq., W.S.; Dr. R. W. PHILIP, F.R.C.P.; Sir A. OLIVER RIDDELL; R. R. SIMPSON, Esq., W.S.; and W. GARDNER SINCLAIR, Esq."

Lord SALVESEN said: "All these ladies and gentlemen give their services to the Hospital entirely without fee, and the least we can do is to express our gratitude to them for the work they so ably perform. If there is one of these bodies I would select for special mention it would be the Lady Collectors, because, unless they went about persistently and endeavoured to obtain contributions for the Hospital, it would not require either a Committee of Management or a Medical Staff. The Lady Collectors deserve special praise, because I fear their duties are sometimes of a disagreeable nature. I hope they are generally received with kindness and consideration, but I am afraid at times they have to put up with some rebuffs."

Dr. PLAYFAIR, Vice-President of the Royal College of Physicians, said: "I have the greatest pleasure in seconding the motion. Those of us who have the honour to serve on the Boards of Management of charitable institutions, know well that the duties the Board of Management of the Victoria Hospital have to perform are not light, and that these they perform willingly and well. Let me assure them, for their encouragement, that the work in which they are engaged has been of the greatest benefit, not only to the city of Edinburgh, but to other parts of Scotland as well. Their able physician-in-chief, and his very efficient staff, are helping to combat one of the most deadly of diseases, and thereby they are doing a service to the whole human race." (Applause.)

The Rev. ARCHIBALD BELL moved: "That a cordial vote of thanks be given to the Chairman. I know," he said, "that there is no one who has devoted more whole-hearted service to the interests of the Institution than Sir Alexander Christison." (Applause.)

Sir ALEXANDER CHRISTISON: "I thank Mr. Bell and the meeting for this vote of thanks. To me it has been a great satisfaction to work for the Hospital all these years. I will give my services as long as I can."

The proceedings were closed by the playing on the organ the National Anthem.

Rules for Consumptive Patients and Those Looking after Them.

*(As issued to Patients at The Royal Victoria Hospital
and Dispensary.)*

Consumption is a communicable disease. It may pass from person to person. It may pass from one lung to the other, or from one organ to another.

The chief source of infection is the expectoration of the consumptive. The great danger lies in the drying of the expectoration, and the blowing about of the dried infectious material.

The spread of consumption can be largely prevented. *If the succeeding directions be obeyed, there need be no serious danger in ordinary intercourse with patients. The breath of the consumptive is not directly infectious.*

The patient should expectorate into a jar or cup containing a tablespoonful of carbolic acid (1 to 20) or other disinfectant.

The vessel should be changed once in twelve hours, or oftener. It should be cleansed by being filled up with *boiling* water. The combined contents should be poured down the w.c. The vessel should then be washed with *boiling* water.

When the patient is out of doors, he should carry a pocket spitting flask (such as The Royal Victoria Hospital model). The flask should be used and cleansed like the jar. The patient should never spit on the streets.

The patient should not use handkerchiefs for expectoration. If this ever has to be done, the handkerchief should be of an inexpensive material, that it may be burned after use. Squares of rag or paper, which may be used for convenience, should be similarly treated.

The expectoration should on no account be swallowed, for thereby the disease may pass to other organs.

Consumptive patients should avoid kissing.

Consumptive mothers should not suckle.

Patients with pronounced disease should have special table utensils.

If expectoration has been accidentally deposited on the floor or other object, it should be wiped up and burned, and the surface of the object cleansed with strong antiseptic.

Rooms which have been long occupied by a consumptive patient should, before occupation by someone else, be carefully disinfected, as after other infectious disease.

FRESH AIR is the *food of the lungs*. Therefore, see that the lungs be not starved.

A.—By Day.—The patient should occupy as airy a room as possible. It must be scrupulously dry, and preferably removed from the ground. *The window should be freely open.* When able, the patient should be out of doors once or several times during the day. He must *avoid over-effort*, and damp, or chill, which would counteract the benefit.

B.—By Night.—He should sleep alone. The bedroom should be large and airy. *The window should be kept freely open in all weathers.*

Copies of these, on card, can be had for distribution, price 2s. 6d. per 100, on application to the Physician, The Royal Victoria Hospital for Consumption, Edinburgh.

Regulations for the Admission of Patients.

1. The Royal Victoria Hospital for Consumption, Edinburgh, is founded for the treatment of patients suffering from Consumption, who are in necessitous circumstances.

2. No patient whose household is in receipt of Parish Assistance shall be considered eligible for admission into the Hospital.

3. Patients will be admitted to indoor treatment, only if the Physician is satisfied that the case may reasonably be expected to benefit thereby.

4. Subject to the above restrictions, patients will be received in order of application, according as vacancies may occur.

5. A small number of beds is available for patients able to contribute £1, 1s. weekly towards the cost of maintenance. Patients will be admitted on this basis strictly in order of application, and only on condition that they can contribute the weekly sum for at least four months, should residence for that period be deemed desirable by the Physician.

6. The length of residence in hospital will depend on the nature of the case. With regard to this the Physician shall be the judge.

7. No case shall be admitted twice within one year.

8. In entering the Hospital, patients agree to conform rigidly to the Rules of the Institution. No patient shall be readmitted if he has once been discharged for breach of Rules.

9. Applications for admission should be made directly at the Dispensary, 26 Lauriston Place, or by letter, addressed to the Clerk and Treasurer, Mr. NORMAN CAIRNS, C.A., 4A St. Andrew Square, Edinburgh.

THE DISPENSARY AND OUT-PATIENT DEPARTMENT

26 LAURISTON PLACE.

1. The Dispensary is open for consultation to all necessitous patients suffering from Consumption or Diseases of the Chest, on Mondays, Wednesdays, and Fridays, at 3 p.m.

2. Medicines are dispensed *gratis* only to such patients as the Physician ascertains to be in need of such further assistance. A formal charge of One Penny will be made for each prescription so dispensed.

3. Patients shall not receive advice or medicines unless they attend punctually at the appointed hours, which are indicated on the Prescription Form.

The above Regulations are subject to alteration by the Acting Committee.

31st July 1908.

THE DISPENSARY and OUT-PATIENT DEPARTMENT,
26 LAURISTON PLACE, is open for the Reception of
Patients on MONDAYS, WEDNESDAYS, and FRIDAYS,
from 3 to 4 p.m. ; and for the Dispensing of Medicines
Daily (except Sunday), from 10 to 10.30 a.m., and on
Mondays, Wednesdays, and Fridays, from 6 to 6.30 p.m.



Patron—HIS MAJESTY THE KING

THE ROYAL VICTORIA HOSPITAL FOR CONSUMPTION EDINBURGH



NINETEENTH ANNUAL REPORT
(1908–1909)

**HOSPITAL
DISPENSARY
WORKING COLONY**

out 60,000 Persons die Annually of Consumption in the
United Kingdom.

The Royal Victoria Hospital for Consumption was established in 1887 as a Memorial of Queen Victoria's Jubilee.

In Memoriam Wards and Beds.

THE Trustees will be pleased to gratify the wish of any Donors who may desire to endow and name a Ward or single bed in The Royal Victoria Hospital. They purpose, therefore, to affix to beds in perpetuity the name of any benefactor of the Hospital to the extent of £1000 by donation or legacy, who so desires it, and to Wards in recognition of larger donations.

Lord Derby, when presiding at the opening of the New Extension Building to Brompton Hospital for Consumption, alluding in his speech to Memorial Wards and Beds, said—"One cannot dictate the form which affection and regret shall take to display themselves; every one must make their own choice; but for myself I cannot conceive a more satisfactory method of keeping alive the memory of a lost relative or friend, than by attaching his or her name permanently and inseparably to an institution which is intended to relieve suffering, and which for many generations to come may be a benefit to the living as well as a remembrance of the dead."

FORM OF LEGACY OR BEQUEST.

I give and bequeath to THE ROYAL VICTORIA HOSPITAL FOR CONSUMPTION, EDINBURGH, payable to the Treasurer of the Institution for the time being, the sum of
free of legacy duty.

"Regulations for Admission of Patients" will be found on third page
of Cover.

NINETEENTH ANNUAL REPORT
(1908-1909)

OF

THE ROYAL VICTORIA HOSPITAL
FOR CONSUMPTION

EDINBURGH

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 Wise, Miss, 19 Manor Place.
 Wishart, Miss, 18 Viewforth Gardens.
 Wyer, Miss F., 12 Rothesay Place.
 Young, Miss, 4 Learmonth Gardens.

THE NINETEENTH ANNUAL REPORT

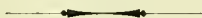
OF THE

COMMITTEE OF MANAGEMENT

OF

The Royal Victoria Hospital for Consumption, Edinburgh,

For the year ending 31st March 1909.



THE Committee have the pleasure to report regarding another satisfactory year. The record is one of successful work and substantial development in all departments. The special feature of the year has been the completion of the programme for the establishment of the Working Colony for convalescent patients.

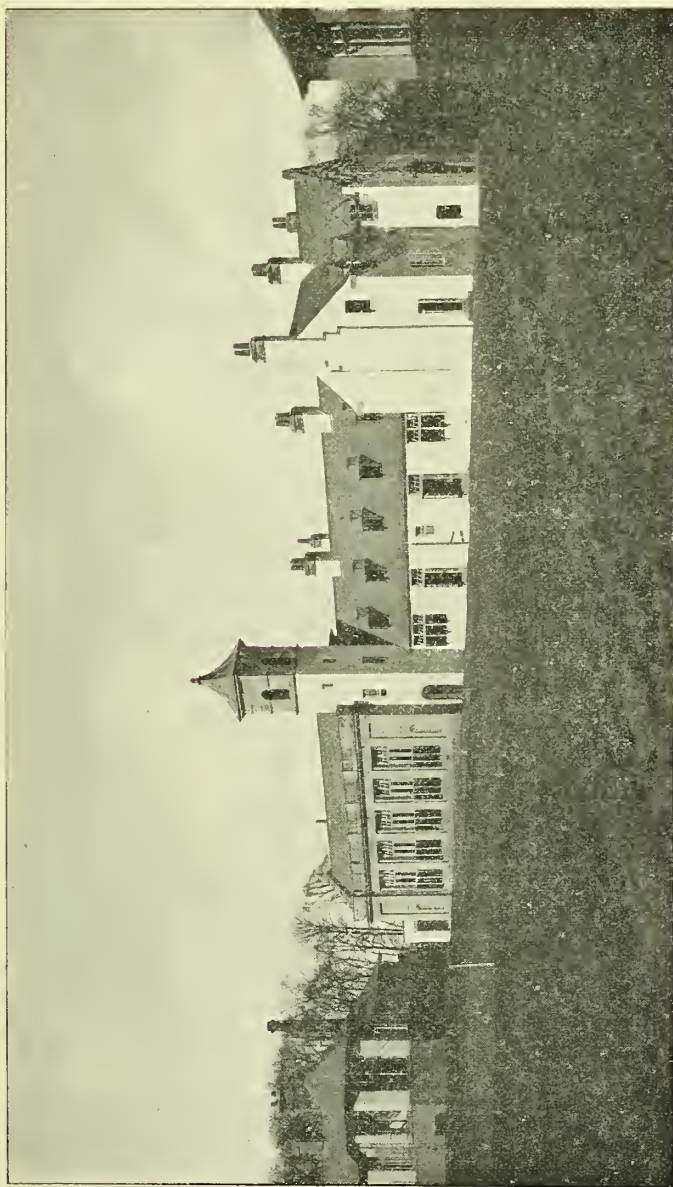
The purpose of the Royal Victoria Hospital for Consumption is much larger than the care of the hundred patients who are daily under treatment at the Hospital proper. The institution has a wide outlook on tuberculosis from the preventive as well as the curative point of view. It aims at the eradication of consumption.

Towards this end a combination of agencies is necessary. The creation of these has been the endeavour of the Royal Victoria Hospital since 1887. The plan of operations, which is now approaching completion, is represented graphically in the diagram (p. 15). This shows the relationship of the several agencies. The harmonious combination and co-ordination of these is essential,—the Victoria Dispensary for Consumption constituting the centre of operations and the “nodus” or link of the various activities.

THE DISPENSARY.

The Edinburgh Scheme was begun with the foundation of the Victoria Dispensary for Consumption. The fundamental principle of the Dispensary is that if tuberculosis is to be treated effectively we must not be content to treat the consumptive poor who present themselves, with more or less advanced disease, at the out-patient departments of hospitals. We must *search for* the patients at home. We must follow the consumptive patient to his dwelling. We must inspect it, and, as far as possible, inspect all members of the household so as to detect cases at the earliest stage. This most important aspect of prevention is overtaken by the doctors and nurses attached to the Dispensary. It is frequently found that several members of a household are affected simultaneously. Such patients are in turn brought under the guidance of the Dispensary.

The significance of the Consumption Dispensary as a great "receiving-house" and "clearing-house" is now widely recognised. It deals with every type of tuberculous patient among the poorer classes and with every inquiry regarding the treatment and prevention of tuberculosis. It sifts and groups the cases and recommends the suitable line of treatment. Some patients continue as visitant patients at the Dispensary. Others, too ill to come to the Dispensary, are attended at their own homes by the doctor and nurse, and, where desirable, by the Samaritan Committee. Early cases are passed to the Sanatorium—the Royal Victoria Hospital—with a view to cure. Advanced and dying cases are recommended to the Medical Officer of Health for admission to the City Hospital. In this matter close co-operation exists between the Hospital and the Public Health Department of the city. The Medical Officer of Health, in his Annual Report for 1908, pays a tribute to the Dispensary, and emphasises the great need which exists for some arrangement being perfected between the Victoria Dispensary and the Local Authority, in order that the vast amount of information at present in possession of the former may be placed at his disposal.



Marshall Wane & Co., Photographers.

ROYAL VICTORIA HOSPITAL.—DINING HALL AND ADMINISTRATION BUILDINGS.

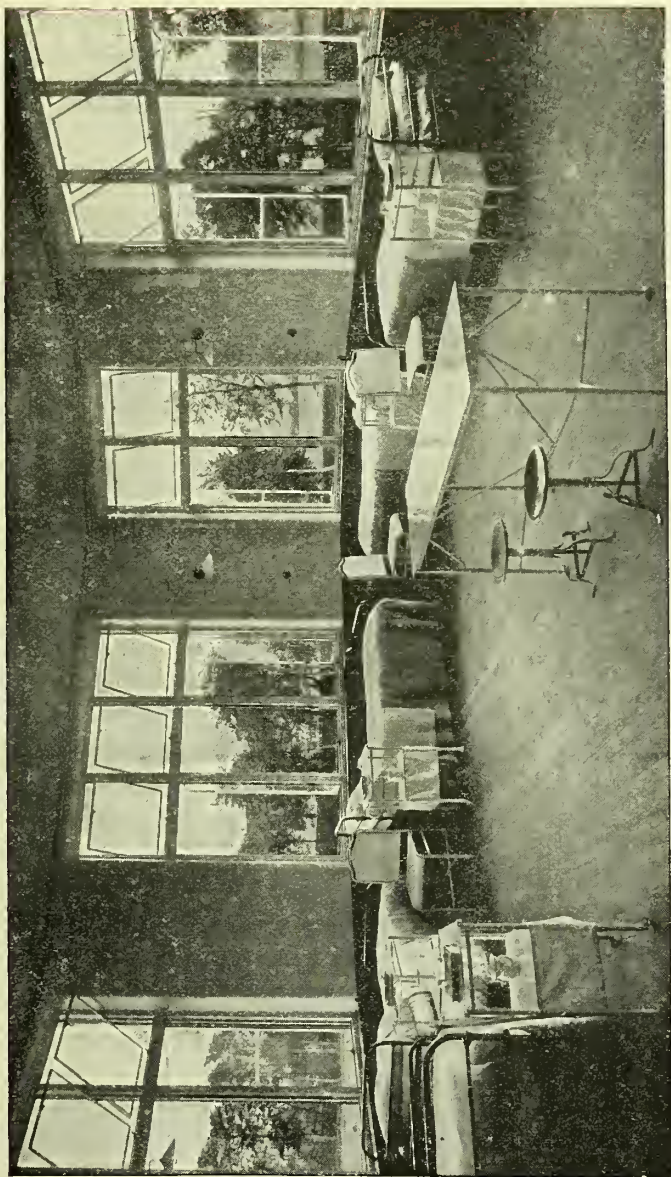
The Committee welcome this expression of a desire for the completion of the co-operation which it has been their constant aim to foster.

The statistical tables which follow (pp. 29-32) show the extent of the Dispensary's operation. Since its foundation, 18,889 individual patients have been received. During the year the doctor has paid 2065 visits to patients at their own homes, and the nurse 3079 visits. The members of the Samaritan Committee have similarly paid many visits to the more distressing cases. At the laboratory of the Dispensary the diagnosis of tuberculosis was confirmed by bacteriological examination in 418 cases. No fewer than 347 cases were notified by the Dispensary to the Medical Officer of Health of Edinburgh, and 57 to the Medical Officer of Health of Leith. The Dispensary thus continues to be a most valuable instrument towards notification.

The accommodation at the Dispensary is now much too limited for the proper handling of the large clientèle of patients and the efficient conduct of the various departments of work involved. The Committee are therefore anxious to obtain more suitable premises. They would earnestly plead for the presentation of £1000 which would be especially ear-marked for the purpose. The advantages accruing to the community from such a gift would be far-reaching.

THE HOSPITAL.

In the Hospital everything has gone smoothly and pleasantly. The recent extensions to the buildings have proved satisfactory in every way. Nothing could be better than the new pavilions, the dining-hall, the kitchen, and the administrative block as a whole. The modern installation of the kitchen and service-room could not readily be excelled. It has added immensely to the convenience and comfort of working the Hospital. From the economic side it has had advantage also. Notwithstanding the increased extent of the buildings, it has not been found necessary to make any important change in the nursing and service staff. The complete convenience of the arrangements has been most favourably commented on by visitors.



Marshall, Wane & Co., Photographers.

INTERIOR OF NEW PAVILION, SHOWING ARRANGEMENT OF BEDS IN RELATION TO OPEN WINDOWS.

The grounds of the Hospital have been prettily laid out. This was effected in part, and the grounds are now largely maintained by the activities of the patients themselves, in accordance with the scheme of graduated work which forms part of the regular treatment at the Hospital (see pp. 24-25). In this connection reference may be made to the introduction of a system of coloured badges which are given to the patients according as they pass from one grade of work to the other. The effect of this has been to add interest to the work, and to promote a healthy emulation.

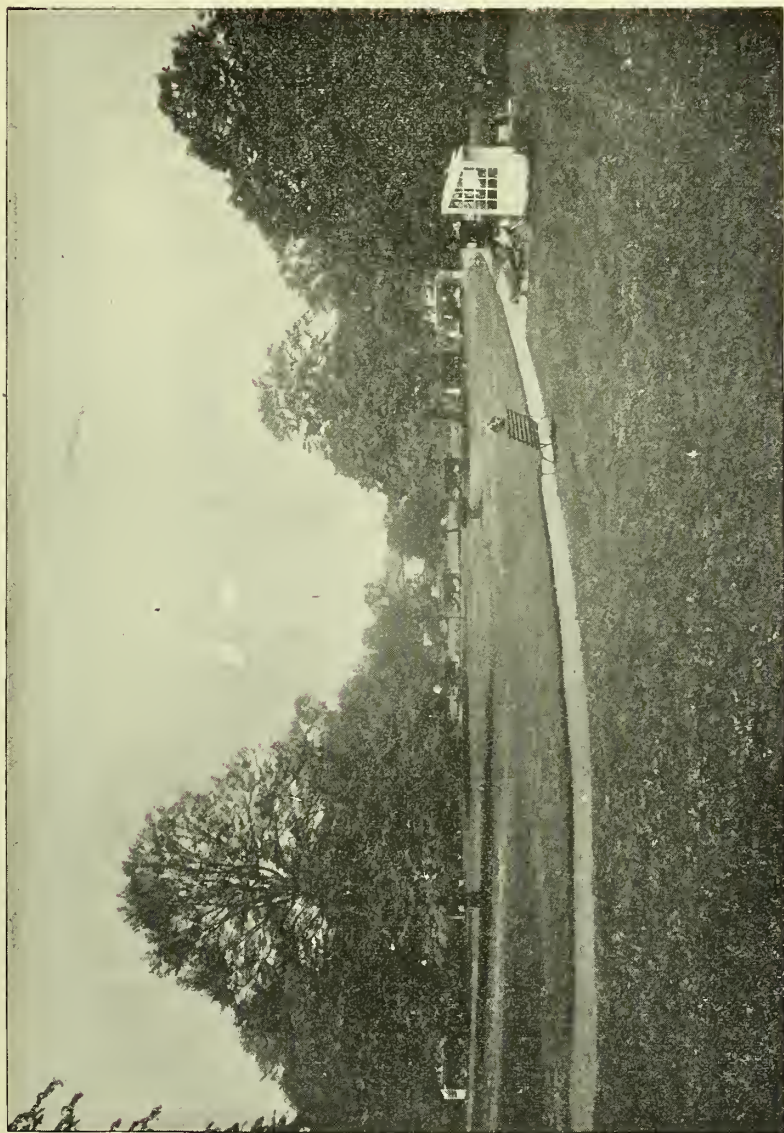
The statistical tables (pp. 26-28) show the extent of operations. Since the opening of the Hospital till 31st March 1909, 1,513 individual patients have been received for treatment. To this number fall to be added 249 visitant patients, who enjoy the same régime as the others by day, returning home to sleep. This gives a total of 1,762 patients treated within the Hospital. The daily average of patients during the past year has been 87.

RESULTS.

These are eminently satisfactory in the case of patients who are sent to the Hospital at a sufficiently early stage of the disease. In almost all such cases an arrest of the disease has been attained. Most gratifying evidence of the permanence of cure reaches the Hospital in letters from patients in the enjoyment of good health for years after their discharge. The Committee would remind both doctors and patients at a distance of the encouragement and scientific benefit afforded by such reports. Cases in illustration of this aspect of the work are detailed on pp. 33-36.

WORKING COLONY FOR CONVALESCENT PATIENTS.

In last Annual Report the Committee announced their intention of proceeding to the establishment of the Working Colony,—the only part of the anti-tuberculosis scheme



GENERAL VIEW OF THE GROUNDS.

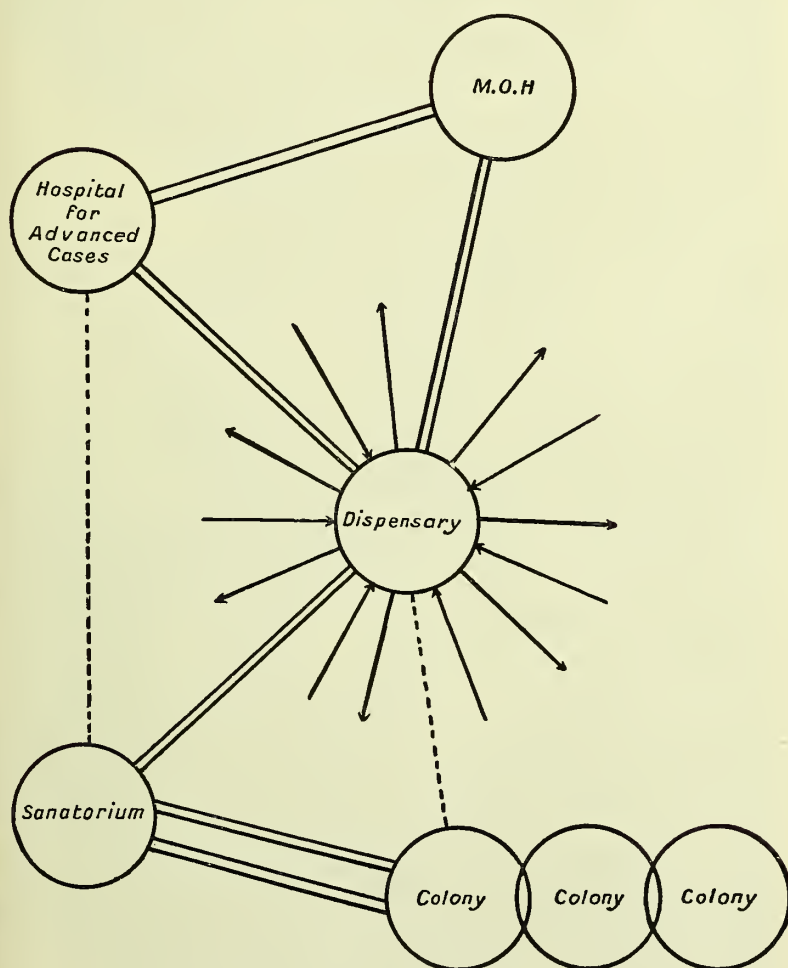
which had not yet been overtaken. At the Annual Meeting, in June 1908, a special plea on behalf of the Colony was submitted by the Right Hon. Lord Dunedin, who begged the public to complete the scheme, and reminded them that in contributing they were doing so not only to a charity but to a scheme of protective health assurance. In that happy phrase, his Lordship embodied the idea which led to the inception of the Edinburgh Anti-Tuberculosis Scheme more than twenty years ago. The Colony is not a new departure, but a necessary part of the original plan. The only reason why it was not undertaken sooner was the existence of more pressing needs.

Following the Annual Meeting, an appeal was issued for £5000. The Committee have the gratification to announce that within a very short time that sum was placed in their hands. Immediately thereafter the choice of a site was undertaken. From a large number of places which were considered, the Committee have selected one which seems most fully to fulfil the requirements. Negotiations are in progress for its acquisition, and the Committee hope to be able soon to announce the purchase and the commencement of operations at the Colony.

Meantime the scheme of work which has for many years been a characteristic feature of treatment at the Hospital itself has been prosecuted with energy. In an Appendix will be found details of the scheme, which, the Committee are glad to learn, has been introduced into other hospitals in the kingdom through the praiseworthy loyalty and energy of old Resident Medical Officers of the Royal Victoria Hospital.

The carefully graduated work helps the patient to recover tone as nothing else can. It is not only arrest of the disease which the Hospital aims at, but an effective economic cure. The Hospital benefits in turn by the productive work of the patients, who find a new interest in life as they watch from day to day the effect of their directed effort. From patients who have been thus tested at the Hospital suitable residents will be selected for the Working Colony, that is, especially, those who are able

to work the greater part of a day, yet whose return to previous occupations would certainly mean physical relapse and consequently economic waste.



For the first year or two there will necessarily be outlay in the development of the Colony. The Committee cannot expect that it will be immediately self-supporting. They anticipate that with prudence and economy this

satisfactory result will be ultimately attained. Meantime they will be grateful for special subscriptions towards the development and maintenance of the Colony. They propose to make separate entry and acknowledgment of such contributions, so that subscribers to one or other department of the scheme may have the satisfaction of knowing that their gifts have been allocated according to their wish.

SAMARITAN COMMITTEE.

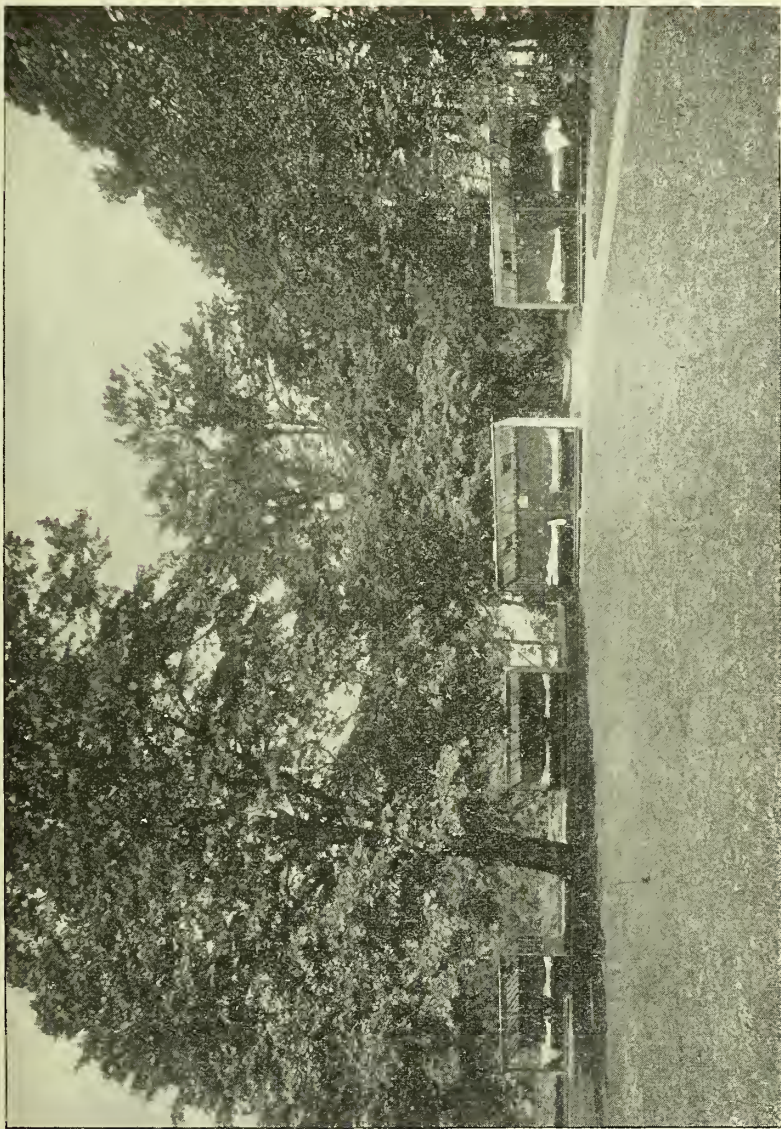
The labours of the Samaritan Committee have again proved of much service, more especially among the poorer patients whose financial conditions have been reduced by prolonged illness. The cases which come within their consideration are selected from the large clientèle of the Dispensary by the doctor and nurse. Each case is taken up in committee and assigned to the special care of a member. Thereafter a fortnightly report is made. The special purpose is to direct relief through existing channels, and with this in view the Committee seek to co-operate with the Charity Organisation Society and other agencies.

Cases illustrative of the work of the Committee will be found on pp. 38-39.

Special donations to the Samaritan Committee, whether in money or in the form of clothing, blankets, and the like, will be most gratefully received. Parcels of clothing will be called for on intimation being sent to the Officer at the Dispensary.

REVENUE.

In spite of the utmost economy in every department the excess of ordinary expenditure over total income for the year up to 31st March is £970, 10s. 4d. The upkeep of the Hospital means steady outlay, but the Committee are satisfied that no unnecessary expenditure has been allowed. Contrariwise, there are several lines of desirable extension which remain to be overtaken when funds are available. The total cost per bed per annum has been



OPEN-AIR SHELTERS, AS ARRANGED FOR NIGHT USE.

reduced to £71, 14s. 10d. The Committee would earnestly renew their appeal for an increase both in the amount of subscriptions and in the number of subscribers.

VOTES OF THANKS.

In conclusion the Committee have once more to express their best thanks to the many kind donors who, in one or other way, have supported the Institution and thus lightened the suffering of the consumptive poor, and helped to reduce the amount of disease in the community. The subscriptions and donations are acknowledged on pp. 42-112. They are grateful to all kind friends who have visited the Hospital and who, from time to time, have contributed to the entertainment of the patients. They are grateful to the ladies and gentlemen forming the local auxiliaries of this national Institution. They desire to offer their best thanks to the members of the medical staff and other office-bearers, the lady superintendent, nurses, members of the Samaritan Committee, and lady collectors. They owe a special debt of gratitude to the clergymen of the various churches who, on Sunday and during the week, have most willingly ministered to the patients.

In name of the Committee of Management,

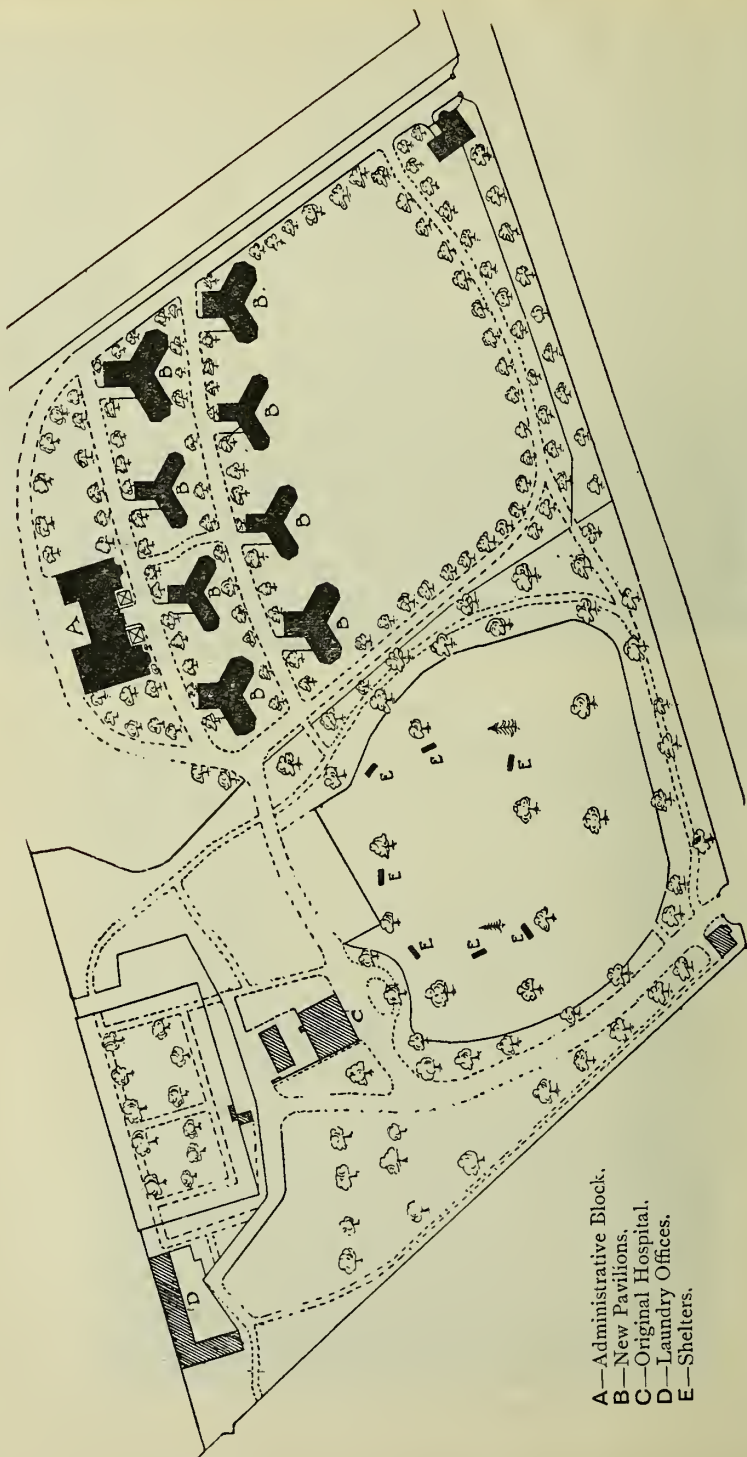
A. CHRISTISON,
President.



PATIENTS AT WORK—GARDENING.



PATIENTS AT WORK—WOODCUTTING.



- A—Administrative Block.
- B—New Pavilions.
- C—Original Hospital.
- D—Laundry Offices.
- E—Shelters.

BLOCK PLAN OF THE ROYAL VICTORIA HOSPITAL.

APPENDIX I.

SCHEDULE OF INQUIRY REGARDING DISPENSARY
PATIENTS.

<i>No. in Ledger.....</i>	<i>Date of Report.....</i>
Name?	Age?
Address?	Married or single?
Occupation?	Has patient changed occupation?
Able to work full time?	Or part time?
If unable, confined to bed?	
How long ill?	
Situation of house (area, ground floor, 1st, etc.)?	
Number and ages of inmates?	
Number and description of rooms?	
General aspect of house (clean, damp, dusty, smelly)?	
Number of windows?	Can they open?
Are they kept open (a) by day?	
(b) by night?	
Have they always been kept open?	
Does patient sleep alone (a) in bed?	
(b) in room?	
How is washing of clothes done?	
How long in present house?	
If has moved within two years, previous addresses?	
Have there been illnesses or deaths in house?	
(a) In own time?	
(b) In previous occupancy?	
Exposed to infection (a) at home?	
(b) at work?	
(c) among friends?	
Present health of other members of household?	
What precautions taken to disinfect?	
T. B. in sputum?	
T. B. in dust of room?	
General dietary?	Teetotal?
General condition (well-to-do, badly off)?	
Proximate income of household?	
Assisted by societies, church, friends, rates?	

Signed.....Reporter.

.....Medical Officer.

APPENDIX II.

RULES FOR CONSUMPTIVE PATIENTS AND THOSE LOOKING AFTER THEM.

*(As issued to Patients at The Royal Victoria Hospital
and Dispensary.)*

Consumption is a communicable disease. It may pass from person to person. It may pass from one lung to the other, or from one organ to another.

The chief source of infection is the expectoration of the consumptive. The great danger lies in the drying of the expectoration, and the blowing about of the dried infectious material.

The spread of consumption can be largely prevented. If the succeeding directions be obeyed, there need be no serious danger in ordinary intercourse with patients. The breath of the consumptive is not directly infectious.

The patient should expectorate into a jar or cup containing a tablespoonful of carbolic acid (1 to 20) or other disinfectant.

The vessel should be changed once in twelve hours, or oftener. It should be cleansed by being filled up with *boiling* water. The combined contents should be poured down the w.c. The vessel should then be washed with *boiling* water.

When the patient is out of doors, he should carry a pocket spitting flask (such as The Royal Victoria Hospital model). The flask should be used and cleansed like the jar. The patient should never spit on the streets.

The patient should not use handkerchiefs for expectoration. If this ever has to be done, the handkerchief should be of an inexpensive material, that it may be burned after use. Squares of rag or paper, which may be used for convenience, should be similarly treated.

The expectoration should on no account be swallowed, for thereby the disease may pass to other organs.

Consumptive patients should avoid kissing.

Consumptive mothers should not suckle.

Patients with pronounced disease should have special table utensils.

If expectoration has been accidentally deposited on the floor or other object, it should be wiped up and burned, and the surface of the object cleansed with strong antiseptic.

Rooms which have been long occupied by a consumptive patient should, before occupation by someone else, be carefully disinfected, as after other infectious disease.

FRESH AIR is the *food of the lungs*. Therefore, see that the lungs be not starved.

A.—By Day.—The patient should occupy as airy a room as possible. It must be scrupulously dry, and preferably removed from the ground. *The window should be freely open.* When able, the patient should be out of doors once or several times during the day. He must *avoid over-effort*, and damp, or chill, which would counteract the benefit.

B.—By Night.—He should sleep alone. The bedroom should be large and airy. *The window should be kept freely open in all weathers.*

Copies of these, on card, can be had for distribution, price 2s. 6d. per 100, on application to the Physician, The Royal Victoria Hospital for Consumption, Edinburgh.

APPENDIX III.

SCHEME OF PHYSICAL TREATMENT.

Physical Treatment is an important element in the régime of the Royal Victoria Hospital for Consumption. It is arranged in graduated stages.

On admission, each patient is placed at complete rest. During this stage, in addition to minute examination of every organ, the patient's general condition is carefully observed. According to the estimate which is made, the length of the resting period is fixed. Thereafter, in the absence of contra-indication, the patient is gradually advanced through the other stages, according to his or her physical condition. The nature and amount of activity are definitely prescribed just like drug treatment. The dose is increased or diminished as the temperature chart, pulse-rate, and other indications suggest.

I. RESTING STAGE.

On admission to the Hospital all patients are prescribed complete rest, lasting from a few days to several weeks, according to the individual case.

II. STAGE OF REGULATED EXERCISES.

This includes—

1. Walking varying distances, from $\frac{1}{4}$ to 5 miles—(a) on the level; (b) on sloping ground.
2. Various respiratory exercises once or twice a day.
3. Other forms of movements to improve carriage of shoulders, head, chest, etc.

III. STAGE OF REGULATED WORK.

The work is chosen with a view to utility and with due regard to the patient's individual case, and to his past trade. This stage is subdivided into four grades (*A*, *B*, *C*, *D*).

GRADE *A*.

Picking-up papers, leaves, and other light rubbish in the grounds.

Knitting. Sewing. Drawing.

GRADE *B*.

Emptying garden waste-boxes, and assisting to carry away rubbish.

Carrying light baskets for various gardening purposes.

Light painting work (gates, fences, furniture, etc.).

Wiping shelters. Setting tables, and laying cloth in patients' dining-room.

Cleaning silver.

Cleaning brasses, towel-rails, and taps.

GRADE *C*.

Raking. Hoeing. Mowing. Sweeping leaves.

Drawing two-wheeled barrow with assistance.

Other gardening jobs requiring a similar amount of exertion.

Heavier painting work.

Sweeping shelters. Scrubbing floors.

Cleaning boots. Cleaning knives.

Assisting in laundry (folding clothes, etc.).

Washing and drying dishes.

GRADE *D*.

Digging. Sawing.

Carrying heavy baskets for various gardening purposes.

Wheeling and drawing full wheel-barrow, and other heavy gardening work.

Drawing bath chair.

Bathing other patients.

Mangling. Window cleaning.

Polishing floors. Sweeping and cleaning courtyard.

Carpentering. Joinering.

Attending boiler. Engineering.

N.B.—In Grades *B*, *C*, and *D*, patients make their own beds and go errands if necessary.

MEDICAL STATISTICS.

I. HOSPITAL—INDOOR PATIENTS.

Since the date of opening, 1513 resident patients have been under treatment in the Hospital.

In addition to these, 249 visitant patients have attended the whole day at the Hospital, thus receiving the benefits of the régime and treatment, and returning to their own homes at night.

Thus—

Resident Patients	1513
Visitant Patients	249
	<hr/>
	1762

TABLE I.—SHOWING OCCUPATIONS OF PATIENTS.

Artists	1	Confectioners	4
Auctioneers	1	Cooks	7
Asylum Attendants	1	Coopers	4
Bakers	12	Crofters	1
Barbers	7	Custom's Officers	1
Black Borderers	1	Dairymaids	2
Blacksmiths	14	Dairymen	3
Boilermakers and Riveters	4	Decorative Artists	1
Bookbinders and Folders	14	Domestic Servants	113
Booksellers	4	Drapers	13
Bottlers	2	Draughtsmen	5
Brassfinishers	5	Dressmakers and Milliners	52
Brassfounders	5	Dyeworkers	4
Brewery Workers	3	Electricians	6
Brick Kiln Setters	1	Electrotype Finishers	2
Bricklayers	2	Engineers	29
Builders	2	Engravers	2
Butchers	6	Envelope Folders	4
Butlers	5	Factory Hands	26
Cabinetmakers	5	Farmers	3
Cabmen and Grooms	10	Feather Curlers	2
Canvas Embossers	1	Firemen	11
Canvassers	2	Footmen	4
Carriers	1	French Polishers	2
Charwomen	4	Furniture Designers	1
Chemists	5	Furniture Packers	1
Claypipe Makers	2	Gamekeepers	5
Clerks	123	Gardeners	24
Coal Merchants	1	Gas Meter Index Makers	1
Commercial Travellers	21	Glass Painters	1

TABLE I.—*continued.*

Glassworkers	6	Printers and Compositors	57
Globe Menders	1	Publicans	3
Golf-club Makers	2	Purse-makers	1
Golfers (Professional)	4	Quarrymen	3
Governesses	4	Railway Workers	15
Grocers	14	Relief Stampers	2
Gunsmiths	1	Reservists	1
Gymnastic Masters	1	Road Superintendents	1
Hall Porters	1	Rubber Workers	17
Housekeepers	18	Salesmen	22
Housewives	175	Saleswomen	44
Index-cutters	1	Sawyers	1
Insurance Agents	3	School Children	108
Ironfounders	5	Seamen and Fishermen	24
Ironmongers	8	Seedsman	2
Ironmoulders	2	Shepherds	2
Janitors	1	Shirtmakers	2
Joiners	44	Shoemakers	7
Journalists	2	Shopkeepers	1
Labourers	42	Soldiers	16
Lady's Companions	9	Stationers	1
Laundresses	8	Steelworkers	5
Leadcutters	1	Stokers	1
Librarians	2	Stonecutters	5
Lithographers	3	Students	14
Machinists	14	Sugar Packers	1
Maltmen	1	Surveyors	1
Masons	32	Tailors	28
Matron in Girls' Home	1	Teachers	24
Medical Practitioners	1	Telegraphists	3
Messengers	14	Telegraph Boys	2
Millworkers	20	Ticket Collectors	1
Miners	17	Tinsmiths	2
Mosaic Workers	1	Tobacconists	2
Musicians	1	Tram Conductors and Drivers	12
Nondescript	81	Turners	1
Nursenmaids	14	Typists	5
Nurses	11	Upholsterers	8
Painters	17	Valets	2
Paperbag Makers	2	Van Builders	1
Paper Workers	6	Vanmen	4
Parish Sisters	1	Waiters	8
Photographers	3	Waitresses	7
Piano Tuners	2	Wardmaids	1
Picture Frame Makers	1	Warehousemen	10
Plasterers	4	Warehousewomen	5
Plate Cleaners	2	Watchmakers	6
Ploughmen	10	Weavers	5
Plumbers	16	Wood Carvers	6
Policemen	7	Woolsorters	5
Porters	9	Workers in Fields	1
Postmen	8		
Postwomen	1		
Pressers	2		

II. DISPENSARY—OUT-DOOR PATIENTS.

Up to 31st March 1909, 18,889 *individual cases* received treatment at the Dispensary.

TABLE I.—SHOWING ATTENDANCES FROM 31ST MARCH 1908
TILL 31ST MARCH 1909.

	At Institution.	At their own Homes.	TOTAL.
April	637	169	806
May	660	138	798
June	614	110	720
July	581	136	717
August	570	126	696
September	625	131	756
October	743	148	891
November	755	164	919
December	620	259	879
January	561	289	850
February	657	221	878
March	883	174	1057
	7906	2065	9971
Visits paid by Nurse			3079
Number of Sputa examined			418
Official Notifications made to Authorities	{ Edinburgh 347 } { Leith 57 } 404		

TABLE II.—SHOWING DISEASES FROM WHICH PATIENTS SUFFERED.

Pulmonary Tuberculosis	13,411	Injury to Chest, and Hernia	
Bronchitis	1,665	of Lungs	18
Emphysema, with Bronchitis,		Croupous Pneumonia	21
Asthma, etc.	767	Pleura, Affections of	334
Œdema of Lungs, with or		Larynx, Affections of	341
without Bronchitis, Weak		Affections of related Organs,	
Heart, etc.	354	etc.	1,955
Capillary Bronchitis	23		18,889

TABLE III.—SHOWING OCCUPATIONS OF PATIENTS.

Artists	37	Coal Miners and Workers	208
Athletes	3	Comb and Brush Makers	27
Bakers	190	Confectioners	36
Blacksmiths	129	Coopers	13
Bookbinders and Folders	238	Corkcutters	17
Brassfinishers	122	Dairymen	20
Butchers	71	Domestic Servants	712
Cabmen and Grooms	162	Engineers and Enginemen	308
Carpenters, Joiners, and		Farm Servants	47
Woodworkers	552	Firemen	59
Car Conductors and Drivers	38	Fishermen and Sailors	110
Charwomen	184	Fishwomen	50
Chemists	32	Fitters and Riveters	80
Children (below fifteen)	2414	Gardeners and Farmers	86
Chimney Sweeps	7	Gatekeepers and Messengers	108
Clerks and Warehousemen	569	Glasscutters and Grinders	42

TABLE III.—*continued.*

Glaziers and Gilders	35	Postmen, Lamplighters, etc.	50
Golf-club and Ball Makers	10	Printers, Compositors, etc.	455
Grocers	106	Railway Servants	94
Guards	28	Riggers	5
Gunmakers	13	Rubber, Sealing-wax, and Vulcanite Workers	327
Hairdressers	69	Saddlers	3
Hawkers	144	Salesmen	241
Hosiery Workers	12	Saleswomen	277
Housewives	3854	Scavengers	29
Insurance Agents and Com- mercial Travellers	192	Seamstresses and Dressmakers	391
Ironmongers and Typefounders	168	Shoemakers	211
Jewellers and Watchmakers	53	Sick Nurses	51
Labourers	1244	Slaters	35
Laundresses	151	Soldiers	40
Leather Workers	20	Spinners	18
Librarians	3	Stationers	6
Lithographers	38	Stokers	11
Lorrymen and Carters	183	Students	18
Maltmen	50	Surveyors	7
Masons	646	Tailors and Hatters	376
Millworkers	333	Tanners and Curriers	28
Musicians	41	Teachers	27
Nondescript	1002	Tinworkers	82
Opticians	2	Tobacconists	4
Paper Bag Makers	78	Upholsterers	68
Paper Cutters	65	Van Drivers	49
Painters	179	Waiters	144
Plasterers	52	Weavers	49
Plumbers	99	Wireworkers	28
Policemen and Watchmen	40		
Porters	184		18,889

TABLE IV.—SHOWING AGES OF PATIENTS.

From 1-10	1,477
„ 11-20	4,155
„ 21-30	5,313
„ 31-40	3,839
„ 41-50	2,302
„ 51-60	1,157
Above 60	646
	18,889

TABLE V.—SHOWING SEX OF PATIENTS.

Males	10,207
Females	8,682
	18,889

TABLE VI.—SHOWING RESIDENCE OF PATIENTS.

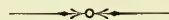
Edinburgh, including Portobello and Joppa	14,658
Leith, Newhaven, and Trinity	2,123
Country	2,108
	18,889

TABLE VII.—SHOWING DISTRICTS FROM WHICH PATIENTS HAVE BEEN RECEIVED, OTHER THAN EDINBURGH, LEITH, AND IMMEDIATE VICINITY.

Aberdeen	6	Corstorphine	29
Aberdour	7	Cowdenbeath	11
Abernethy	2	Cramond	5
Addiewell	2	Crieff	3
Alexandria	2	Cumberland	2
Alloa	13	Currie	10
Alnwick	1	Dalhousie	1
Alva	16	Dalkeith	40
Alyth	1	Dalmeny	2
Airdrie	3	Davidson's Mains	20
Annan	1	Denholm	1
Anstruther	1	Denny	2
Arbroath	2	Dollar	1
Argyllshire	4	Doune	3
Armadale	23	Drem	3
Arran	1	Duddingston	13
Auchendinny	4	Dumbarton	2
Auchterarder	1	Dumfries	7
Ayr	4	Dunbar	12
Ayton	1	Dunblane	2
Bathgate	47	Dundee	17
Beattock	1	Dundonald	1
Belfast	1	Dunfermline	38
Berwick-on-Tweed	12	Duns	4
Biggar	1	Duntocher	1
Birkenhead	1	Dysart	5
Blackhall	15	Earlston	6
Blair Atholl	1	East Calder	10
Blairgowrie	2	Ecclefechan	1
Blantyre	4	Elgin	3
Bonar Bridge	1	Elphinston	1
Bo'ness	21	England	29
Bonnyrigg	34	Eyemouth	2
Bothwell	1	Falkirk	48
Bowbridge	1	Fauldhouse	6
Bridge of Allan	1	Fife	24
Broomieknowe	1	Ford	2
Broxburn	65	Forres	1
Buckhaven	1	Galashiels	52
Burntisland	12	Garvald	2
Caithness	8	Gifford	1
Caldercruix	1	Gilmerton	6
Carlisle	4	Glasgow	130
Carluke	1	Gordon	1
Carstairs	1	Gorebridge	10
Castle-Douglas	1	Govan	4
Chimside	4	Grangemout	6
Cleland	1	Granton	19
Coatbridge	4	Greenock	3
Cobenshaw	1	Haddington	20
Cockenzie	86	Hamilton	6
Coldstream	2	Hawick	6
Colinton	10	Helmsdale	1

Innerleithen	9	Niddrie	4
Inverkeithing	8	North Berwick	6
Inverness	7	Oban	1
Ireland	2	Orkney and Shetland	35
Island of Eigg	1	Paisley	2
Jedburgh	3	Peebles	22
Johnstone	7	Pencaitland	15
Juniper Green	18	Penicuik	46
Kelso	3	Perth	15
Kinghorn	2	Pitlochry	5
Kingsknowe	1	Polmont	13
Kincardine	1	Polton	5
Kinross	3	Prestonpans	25
Kirkcaldy	67	Queensferry, N. and S.	23
Kirkcudbright	2	Ratho	4
Kirkintilloch	1	Reston	1
Kirkliston	7	Roseburn	1
Kirknewton	3	Rosewell	9
Ladybank	4	Roslin	5
Lanark	10	Ross-shire	3
Langholm	1	Rothesay	1
Langsidehouse	1	St. Abbs	1
Larbert	1	St. Andrews	6
Lasswade	7	St. Boswells	2
Lauder	1	Saltcoats	1
Leadburn	1	Selkirk	9
Lerwick	1	Shotts	4
Leslie	1	Slateford	26
Leven	2	South Shields	3
Liberton	18	Stenton	1
Lilliesleaf	1	Stirling	19
Linlithgow	8	Stobo	2
Liverpool	3	Stonehaven	1
Livingstone	1	Stornoway	1
Loanhead	39	Stow	5
Loch Fyne	1	Straiton	1
Lochgelly	5	Sutherlandshire	3
Lochwinnoch	2	Tain	1
Lockerbie	3	Thurso	1
London	4	Tillicoultry	3
Longniddry	3	Tranent	96
Macmerry	3	Tynecastle	1
Manchester	1	Uphall	18
Manuel	1	Wales	1
Markinch	5	Walkerburn	6
Maybole	1	Wemyss	4
Melrose	6	West Calder	11
Methil	3	West Linton	1
Midcalder	20	Whitburn	6
Midlothian	10	Wick	5
Milton Bridge	1	Winchburgh	7
Moffat	2	Wishaw	1
Montrose	4	Yoker	1
Motherwell	2	Australia	1
Musselburgh and Fisherrow	214	Brooklyn, N.Y.	1
Newcastleton	1		
Newton Grange	3		

ILLUSTRATIVE CASES.



HOSPITAL.

The cases are purposely selected from among those under treatment some years ago as illustrations of the lasting benefits conferred by the Hospital.

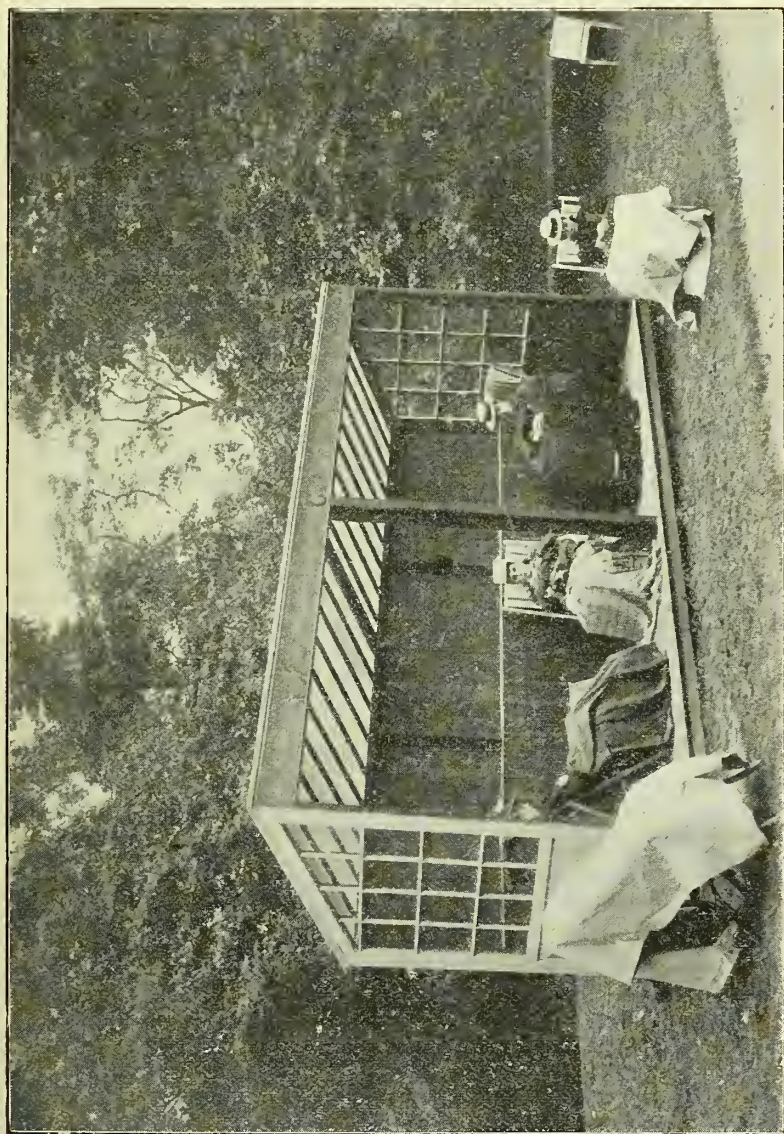
F. J.—Clerk, aged twenty-one, was admitted into Hospital in July 1896, with a history of two years' illness. His father had died from phthisis, and his mother was suffering from it. He had severe pain in the chest, dyspnœa, night-sweats, and loss of appetite. His weight was 7 st. 11½ lb., and he showed considerable emaciation. There was pronounced disease of both lungs. During his stay in Hospital his general condition improved much, and he gained one stone weight. Thereafter he was kept under close observation till May 1899. During all that time, in spite of occasional troublesome symptoms, he kept up his weight and general condition. Since then, he has been continuously at work, and has added to his clerkship the conducting of a successful business. He has maintained rigidly the principles of open-air life and the régime of the Hospital, and is now in excellent health.

J. W.—Law clerk, aged nineteen, was admitted into Hospital in April 1899, with a history of two years' illness. Two uncles on his father's side had died of phthisis. Patient suffered from grave symptoms of chest disease. Chest was very poorly developed. The disease was bilateral, but at a curable stage. He remained in Hospital for several months, and after discharge kept up the treatment. Since then he has continued in perfect health. He resumed his occupation of a law clerk, and is at present engaged as such, and works in an office all day.

R. I.—Clerk, aged twenty-two, was admitted into Hospital in February 1899, with a history of recurrent "colds in chest" for five years, and for four months a continuous "bad spit." One of the patient's sisters had died of phthisis. On admission, the patient complained especially of stabbing pains in the chest, and almost total loss of appetite. His weight was 9 st. 7 lb. On examination, the patient showed widespread signs of disease in both lungs. Tubercle bacilli were numerous in the expectoration. During residence in The Royal Victoria Hospital the condition improved very much. The patient now lives constantly on open-air lines, and has kept strong and well ever since his discharge.

D. A.—Draper, aged eighteen, was admitted into Hospital in November 1900, with a history of cough and spit for seventeen months. An elder brother had had phthisis for two years. Patient complained of hacking cough, with a spit occasionally tinged with blood, and frequent sharp pains. The patient presented evidence of bilateral disease, with excavation. Tubercle bacilli were numerous in the sputum. During the patient's residence of six and a half months, the signs of active disease gradually lessened, till the disease became arrested. His general condition was immensely better, 19 lb. weight being gained. The patient has maintained the open-air life, and looks and feels in splendid condition, after continuous work for several years.

S. J.—Plumber, aged nineteen, was admitted into Hospital in November 1901, with a history of cough and pain in chest, loss of appetite, and general weakness. A brother had died of "hip-joint" disease, and a sister of "spine" trouble,—both of tuberculous nature. Patient had been off work for four months before admittance. There were tubercle bacilli in the expectoration. The disease was bilateral, with active mischief in the left lung. He remained in Hospital five months. The disease was arrested. He obtained an open-air occupation as a tramway conductor. Having saved sufficient money at



COVERED SHELTER IN GROUNDS.

this to pay his passage to Canada, he sailed for that country, and is now doing full day's work as a farm labourer.

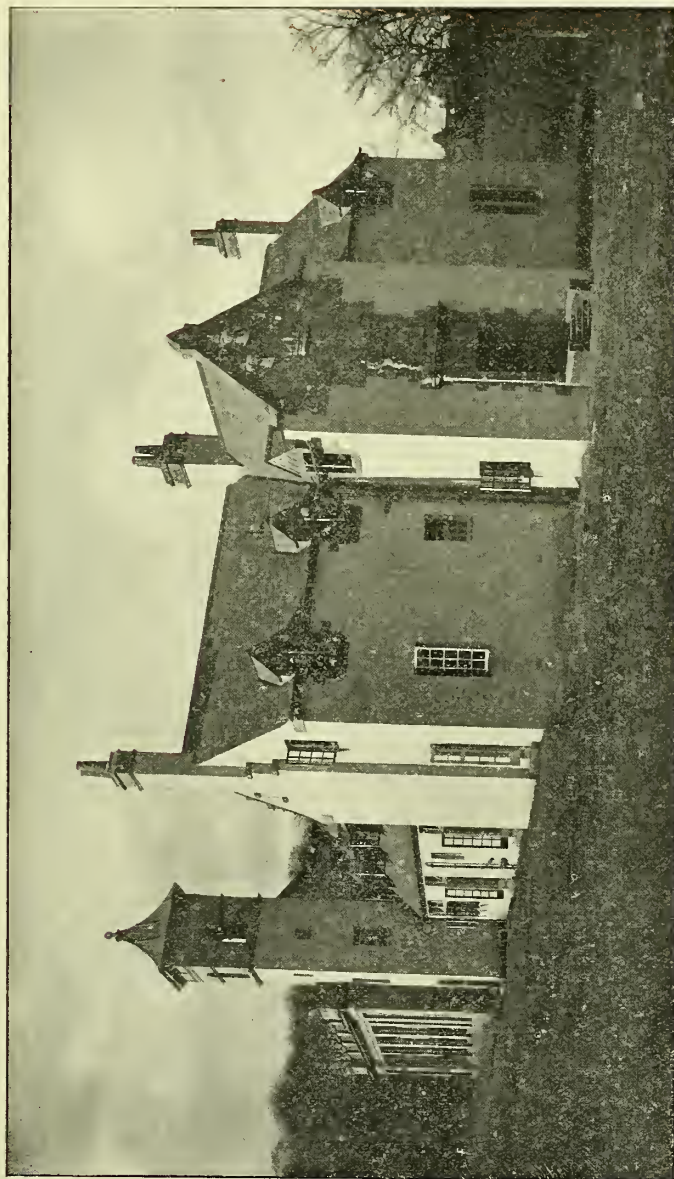
F. J.—A commercial traveller, aged forty-two, was admitted into Hospital as a "visitant" patient in January 1902, with a history of pleurisy seven years before, and, recently, of continuous cough and spit for nine months. He had been so ill that he could hardly get out of and into bed. The pulse was very rapid and feeble, and there was widespread evidence of lung disease on both sides. Constitutionally he was greatly reduced. The patient improved in most remarkable fashion. The disease was arrested, and he put on 53 lb. weight during treatment. For several years he has been steadily engaged in a long day's work (6 a.m. to 8 p.m.) as bath attendant at the Hospital—at once a guide and object lesson to the rest of the patients.

DISPENSARY.

The following notes of cases taken from the medical officer's book illustrate the work of this department:—

M. S.—Draper, age 21. This lad came to the Dispensary about eighteen months ago. It was a hopeful case. Accordingly he was recommended for admission to the Royal Victoria Hospital. Pending his admission he continued a regular visitor at the Dispensary and improved greatly. His experience at the Hospital amply justified his selection for treatment there. Some months ago he was discharged with the lung disease arrested, and in a better state of health than ever before. He has been back at his work for several months. He follows open-air treatment scrupulously, and his health continues excellent.

E. G.—Housewife, aged 37. This patient on her first visit was manifestly too ill to return to the Dispensary, consequently we visited her at her own home. The house



DINING HALL AND ADMINISTRATION BUILDINGS.

Marshall Wane & Co., Photographers.

was found to be insanitary in high degree,—windows closed and dirt everywhere. By dint of constant visiting and hard work nurse got it into habitable state. But the condition was found to be too far advanced, and it was consequently decided that the patient should be removed to Colinton Mains Hospital. The Medical Officer of Health was accordingly notified to that effect. She is unlikely to live long, but it is satisfactory to know that she is now properly cared for, and that the risk of infection of other members of the family is removed.

H. R.—Cabinetmaker, aged 49. This man has been a patient at the Dispensary for three or four years. The disease was too extensive and chronic to permit of his admission to The Royal Victoria Hospital. Nor was it a suitable condition for the Hospital for advanced cases. For a long period he was able to attend the Dispensary, and benefited by the advice and treatment. For the past two years he has been visited at his own home by the doctor and the nurse. Two children are also under our care. The patient's wife is most careful in all precautions. Their home is an excellent example of the extent to which open-air treatment and other hygienic measures can be carried out in a small house.

SAMARITAN WORK.

The following cases show the nature of the work undertaken by the ladies of the Samaritan Committee:—

K. S.—Laundress, aged twenty-four. For several years various members of this family have been under the care of the Dispensary. We have endeavoured as far as possible to lessen the risk of infection to the unaffected ones. This was difficult owing to lack of space and want of money. In her case the disease was complicated by marked kidney affection. I was unable, therefore, to recommend her for admission to The Royal Victoria Hospital. The lung

disease has gradually progressed. She is attended regularly at her own home, and owes much to the ministration of the nurse and the practical solicitude of one of the Samaritan Committee.

H. B.—Formerly domestic servant, aged twenty-three. For several years this girl attended the Dispensary, sometimes recovering and then falling back. This year she took a definite turn for the worse, and was confined to bed. It is impossible to speak too highly of the nurse's kind care, or of the many ways in which one of the Samaritan Committee was able to alleviate the girl's suffering and want. Before her death she often expressed to the doctors her gratitude for the never-ceasing attention.

ABSTRACT OF THE CLERK AND TREASURER'S ACCOUNTS, from 31st March 1908 to 31st March 1909.

I.—ORDINARY INCOME AND EXPENDITURE ACCOUNT.

INCOME.

Revenue received—

1. Subscriptions and Donations—

Per Treasurer (page 59)—

(a) Ordinary

(b) Per Special Appeal

£26 12 1

796 3 6

£1,422 15 7

84 1 0

£1,338 14 7

Deduct—Expenses of Special Appeal

Collections in Edinburgh—

(a) Per Lady Collectors (page 55)

(b) Per Charity Organisation Society (p. 42)

Per Public Works (page 62)

Per Lady Collectors in Country Districts (page 99)

Per Sunday School and Church Collections (page 100)

Per Collecting Boxes (page 100)

Contributions from Patients

Dividends and Interest received

Donations to Research Fund (page 100)

Miscellaneous Receipts, including Matinee Performance on 8th May 1909 Southern Light Opera Co., £28, 5s.; Repayment of Income Tax, £12, 14s.; Fees for notification of Phthisis Cases, £17, 14s.; Sundries, £42, 8s. id.

£591 10 1

489 2 0

1,080 12 1

129 1 6

1,587 6 5

5 7 6

112 17 2

£4,253 19 3

1,243 6 1

247 12 11

15 0 0

£5,860 19 4

970 10 4

£6,831 9 8

Excess of Ordinary Expenditure over Income carried to Extraordinary Account

EXPENDITURE.

I. Payments in connection with the Hospital—

1. Provisions

2. Salaries to Resident Staff

3. Servants' Wages

4. Rates, Taxes, and Insurance

5. Heating and Lighting

6. Furnishings and Repairs

7. Medicines and Medical Appliances

8. Expenses of Laboratory

9. Upkeep of Grounds

10. Lady Superintendent's Sundries

£2,915 10 5

279 14 0

337 12 5

169 18 3

574 17 6

524 2 6

144 4 10

132 12 6

190 12 0

39 18 6

£5,309 2 11

II. Payments in connection with the Dispensary—

1. Rent, Taxes, and Insurance

2. Salaries to Medical Assistants and Lady Dispenser

3. Nurse's Salary and Sundries

4. Coals and Gas

5. Furnishings and Repairs

6. Caretaker's Wages

7. Medicines and Medical Appliances

8. Caretaker's Incidents, £7, 15s., and Miscellaneous, £5, 5s. 9d.

Interest Paid

Printing, Stationery, and Advertising

Commission and Expenses of Organising Secretary, including Travelling Expenses

Expenses of Management, including Auditor's Fee, £10, 10s.

Legal Expenses

Postages, £20, 11s. 4d., and Miscellaneous Payments, £25, 10s. 11d.

600 12 11

241 4 1

297 12 3

214 19 8

110 10 0

11 5 7

46 2 3

£6,831 9 8

II.—EXTRAORDINARY ACCOUNT.

CHARGE.

Funds as at 31st March 1908	£9,036	18	8
Legacies received—			
Trustees of the late James Dick, Glasgow, amount allocated by them out of the Residue of his Estate	£2,000	0	0
Executors of the late Miss Isabella Nasmyth, Dunfermline, per Snody & Asher, S.S.C., Leith	1,000	0	0
Executors of the late Mrs. L. A. Hare, per J. S. and J. W. Fraser-Tyler, W.S.	250	0	0
Trustees of the late Miss Andrew, per Welsh & Forbes, W.S., Donation out of Residue of her Estate	30	0	0
Executors of the late Miss Montgomery, per Boyd, Jameson & Young, W.S., £25, less legacy duty, £2, 11s. 3d.	22	8	9
To Account of one-third share of residue by late David Gellatly, per Simpson & Marwick, W.S.	400	0	0
Executors of the late Miss Hownam, per James and David W. B. Tait, W.S., Kelso	25	0	0
Special Donation—			
The Earl of Moray, per Melville & Lindsay, W.S.	3,727	8	9
	500	0	0

£13,264 7 5

DISCHARGE.

Payments in connection with New Buildings	£3,595	1	4
<i>Notes</i> —The total payments in connection with the New Buildings to date, amount to £13,284, 10s. 3d.			
Loan over Property—			
Loan by Mrs. Steel Maitland of Barton over property repaid and expenses	£7,582	11	3
<i>Deduct</i> —Loan from the Trustees of the Free Churches (Scotland) Widows' and Orphans' Fund received	6,000	0	0
	1,582	11	3

Excess of Ordinary Expenditure over Income, transferred from Ordinary Income and Expenditure Account

Funds as at 31st March 1909—

£1360 3½% Debenture Stock of National Telephone Company at cost	£1,479	14	0
£1000 4% Debenture Stock of the Caledonian Railway Company at cost	1,227	17	6
£1000 3% Debenture Stock of the North British Railway Company at cost	919	9	6
£1000 3½ Perpetual Debenture Stock of the South-Eastern Railway Co. at cost	901	12	9
£1000 4% Debenture Stock of the Great Eastern Railway Company at cost	1,200	17	3
£1000 4% Perpetual Guaranteed Stock of the Great Northern Railway Co. at cost	1,197	2	0
Sum on Account Current with the Commercial Bank of Scotland	391	9	11
Sum in Lady Superintendent's hands to meet current weekly wages	30	0	0
Excess of Sums received over payments made after 31st March 1909, applicable to the year ended 31st March 1909, and included in this Abstract	1,358	1	7

Deduct—Temporary Loan from the North of Scotland and Town and County Bank Limited

7,206 4 6
£13,264 7 5

EDINBURGH, 18th October 1909.—I have audited the Accounts of the Intrusions of the Clerk and Treasurer of THE ROYAL VICTORIA HOSPITAL FOR CONSUMPTION for the year ending 31st March 1909, of which the above is an Abstract, and have found them correct.

EDWARD BOYD, C.A., Auditor.

WORKING COLONY SCHEME.

ABSTRACT OF ACCOUNTS for the period from 1st September 1908 to 23rd July 1909.

CHARGE.

I. Donations received in answer to Special Appeal
(page 112) £5,968 17 3

II. Interest received 51 5 11

£318 10 7
175 9 1
2 11 2
£496 10 10
4 14 0

DISCHARGE.

I. Expenses of Appeal—

1. Collector's Commission, Postages, and Out-lays
2. Printing, Stationery, and Advertising
3. Miscellaneous

II. Furnishings

III. Investments—

1. Temporary Loan with the Second Edinburgh Investment Trust at $2\frac{1}{2}$ per cent. £1,800 0 0
2. Temporary Loan with the Reversionary Association Limited at $2\frac{1}{2}$ per cent. 2,400 0 0
3. Temporary Loan with the Edinburgh Investment Trust at 1 per cent. above D/R rates 1,300 0 0
4. Balance in Union Bank of Scotland 18 18 4

5,518 18 4
£6,020 3 2

£6,020 3 2

EDINBURGH, 18th October 1909.—I have audited the Accounts of the Intramissions of the Clerk and Treasurer of THE ROYAL VICTORIA HOSPITAL FOR CONSUMPTION in connection with the Working Colony Scheme for the period from 1st September 1908 to 23rd July 1909, of which the above is an Abstract, and have found them correct.
EDWARD BOYD, C.A., Auditor.

Regulations for the Admission of Patients.

1. The Royal Victoria Hospital for Consumption, Edinburgh, is founded for the treatment of patients suffering from Consumption who are in necessitous circumstances.

2. No patient whose household is in receipt of Parish Assistance shall be considered eligible for admission into the Hospital.

3. Patients will be admitted to indoor treatment, only if the Physician is satisfied that the case may reasonably be expected to benefit thereby.

4. Subject to the above restrictions, patients will be received in order of application, according as vacancies may occur.

5. A small number of beds is available for patients able to contribute £1, 1s. weekly towards the cost of maintenance. Patients will be admitted on this basis strictly in order of application, and only on condition that they can contribute the weekly sum for at least four months, should residence for that period be deemed desirable by the Physician.

6. The length of residence in hospital will depend on the nature of the case. With regard to this the Physician shall be the judge.

7. No case shall be admitted twice within one year.

8. In entering the Hospital, patients agree to conform rigidly to the Rules of the Institution. No patient shall be readmitted if he has once been discharged for breach of Rules.

9. Applications for admission should be made directly at the Dispensary, 26 Lauriston Place, or by letter, addressed to the Clerk and Treasurer, Mr. NORMAN CAIRNS, C.A., 4A St. Andrew Square, Edinburgh.

THE DISPENSARY

26 LAURISTON PLACE.

1. The Dispensary is open for consultation to all necessitous patients suffering from Consumption or Diseases of the Chest, on Mondays, Wednesdays, and Fridays, at 3 p.m.

2. Medicines are dispensed *gratis* only to such patients as the Physician ascertains to be in need of such further assistance. A formal charge of One Penny will be made for each prescription so dispensed.

3. Patients shall not receive advice or medicines unless they attend punctually at the appointed hours, which are indicated on the Prescription Form.

The above Regulations are subject to alteration by the Acting Committee

31st July 1908.

THE DISPENSARY, 26 LAURISTON PLACE, is open for the Reception of Patients on MONDAYS, WEDNESDAYS, and FRIDAYS, from 3 to 4 p.m. ; and for the Dispensing of Medicines Daily (except Sunday), from 10 to 10.30 a.m., and on Mondays, Wednesdays, and Fridays, from 6 to 6.30 p.m.



Patron—HIS MAJESTY THE KING

THE ROYAL VICTORIA HOSPITAL FOR CONSUMPTION EDINBURGH



TWENTIETH ANNUAL REPORT
(1909-1910)

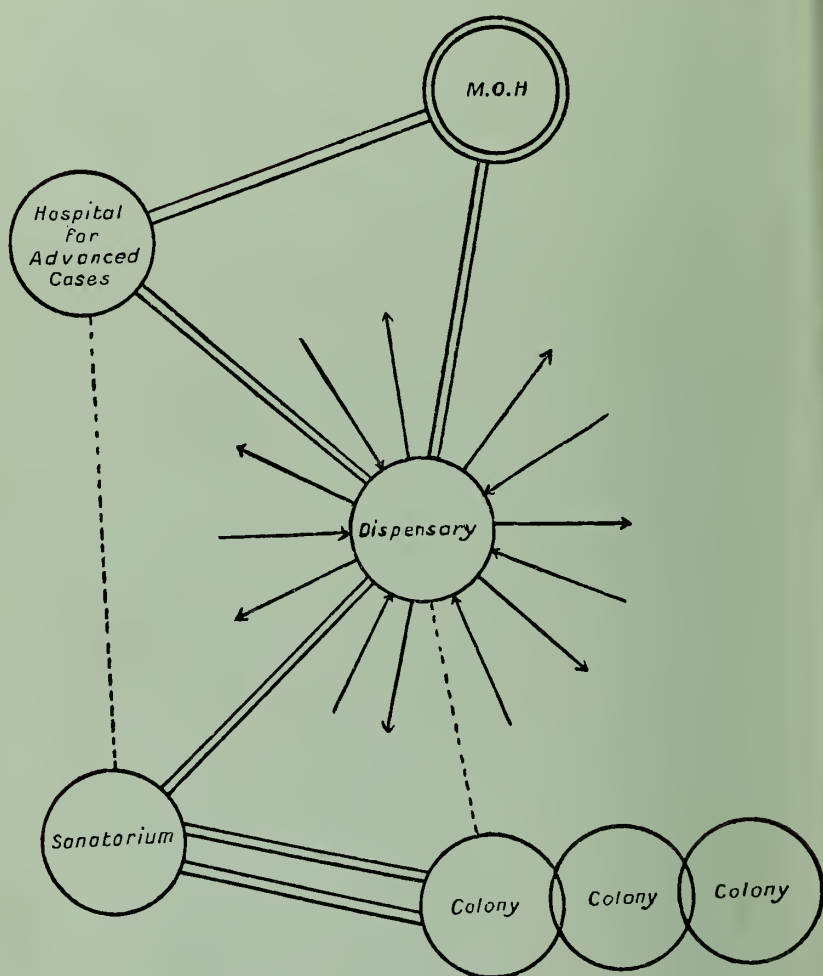
THE HOSPITAL (Craigleith, Edinburgh)

THE DISPENSARY (26 Lauriston Place, Edinburgh)

THE FARM COLONY (Springfield, Lasswade)

About 60,000 Persons die Annually of Consumption in the
United Kingdom.

EDINBURGH ANTI-TUBERCULOSIS SCHEME GENERAL PLAN.



The Royal Victoria Hospital for Consumption was established in 1887 as a Memorial of Queen Victoria's Jubilee.

In Memoriam Wards and Beds.

THE Trustees will be pleased to gratify the wish of any Donors who may desire to endow and name a Ward or single bed in The Royal Victoria Hospital. They purpose, therefore, to affix to beds in perpetuity the name of any benefactor of the Hospital to the extent of £1000 by donation or legacy, who so desires it, and to Wards in recognition of larger donations.

Lord Derby, when presiding at the opening of the New Extension Building to Brompton Hospital for Consumption, alluding in his speech to Memorial Wards and Beds, said—"One cannot dictate the form which affection and regret shall take to display themselves; every one must make their own choice; but for myself I cannot conceive a more satisfactory method of keeping alive the memory of a lost relative or friend, than by attaching his or her name permanently and inseparably to an institution which is intended to relieve suffering, and which for many generations to come may be a benefit to the living as well as a remembrance of the dead."

FORM OF LEGACY OR BEQUEST.

I give and bequeath to THE ROYAL VICTORIA HOSPITAL FOR CONSUMPTION, EDINBURGH, payable to the Treasurer of the Institution for the time being, the sum of
free of legacy duty.

THE DISPENSARY (26 Lauriston Place).

THE HOSPITAL (Craigleith).

THE FARM COLONY (Springfield, Lasswade).

EDINBURGH ANTI-TUBERCULOSIS SCHEME

The Royal Victoria Hospital for Consumption was established in
1887 as a Memorial of Queen Victoria's Jubilee.

"Regulations for Admission of Patients" will be found on third page
of Cover.

TWENTIETH ANNUAL REPORT
(1909-1910)

OF

THE ROYAL VICTORIA HOSPITAL
FOR CONSUMPTION

EDINBURGH

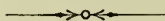
Patron—HIS MAJESTY THE KING.

THE DISPENSARY (26 Lauriston Place).

THE HOSPITAL (Craigleith).

THE FARM COLONY (Springfield, Lasswade).

OFFICE-BEARERS.



President.

SIR ALEXANDER CHRISTISON, BART.

Vice-President.

SIR ALEXANDER KINLOCH, BART.

Trustees.

CHARLES COOK, Esq., Writer to the Signet.

Hon. Lord GUTHRIE.

JAMES MYLNE, Esq., Writer to the Signet.

R. R. SIMPSON, Esq., Writer to the Signet.

General Committee.

ARTHUR ALISON, Esq., Advocate, Edinburgh.

* ANSTRUTHER, Sir RALPH, Bart., of Balcaskie, Pittenweem.

* Brigade-Surgeon Lieut.-Colonel JAMES ARNOTT, M.D., 8 Rothesay Place.

Dr. JOSEPH BELL, F.R.C.S., 2 Melville Crescent, Edinburgh.

* Sir ALEXANDER CHRISTISON, Bart., 40 Moray Place, Edinburgh.

Dr. T. S. CLOUSTON, F.R.C.P., 26 Heriot Row, Edinburgh.

* CHARLES COOK, Esq., W.S., Edinburgh.

* DONALD CRAWFORD, Esq., K.C., Edinburgh.

Professor Sir HALLIDAY CROOM, 25 Charlotte Square, Edinburgh.

* GEORGE CRABBE, Esq., of Blairhoyle, 8 Rothesay Terrace, Edinburgh.

Rev. E. C. DAWSON, St. Peter's Church, Edinburgh.

* The Lady DUNEDIN, 7 Rothesay Terrace, Edinburgh.

* Hon. Lord GUTHRIE, Edinburgh.

Rev. JAMES HARVEY, Lady Glenorchy's U.F. Church, Edinburgh.

* GEORGE A. CLARK HUTCHISON, Esq. of Eriska, Advocate, Edinburgh.

* Sir ALEXANDER KINLOCH, Bart., of Gilmerton, 5 Forres Street, Edinburgh.

* J. PATTEN MACDOUGALL, Esq., C.B., 39 Heriot Row, Edinburgh.

Very Rev. JAMES MACGREGOR, D.D., St. Cuthbert's Church, Edinburgh.

* JAMES MYLNE, Esq., W.S., 10 Ainslie Place, Edinburgh.

* Dr. R. W. PHILIP, F.R.C.P., 45 Charlotte Square, Edinburgh.

* Sir A. OLIVER RIDDELL, Craiglockhart, Slateford.

Hon. Lord SALVESEN, Edinburgh.

* R. R. SIMPSON, Esq., W.S., Edinburgh.

* W. GARDNER SINCLAIR, Esq., 29 Royal Terrace, Edinburgh.

WM. C. SMITH, Esq., K.C., Edinburgh.

JOHN WILSON, Esq., K.C., Edinburgh.

HENRY J. YOUNGER, Esq., of Benmore, Argyllshire.

WM. YOUNGER, Esq., M.P., of Auchen Castle, Moffat.

Those marked * form the Committee of Management.

Samaritan Committee.

Miss ALISON, 3 Moray Place.
 Mrs. GEORGE CRABBIE, 8 Rothesay Terrace.
 Miss FINLAY DUN, Gorgie House.
 Miss DUNCAN, 12 Learmonth Gardens.
 Miss GUTHRIE, 13 Royal Circus.
 Mrs. L. A. GUTHRIE, The Hollies, Davidson's Mains.
 Miss ANNE LAMB, 10 Grosvenor Crescent.
 Miss LOWSON, 12 South Learmonth Gardens.
 Miss L. MACKENZIE, 5 Learmonth Gardens.
 Miss PAULIN, 6 Forres Street.
 Mrs. R. W. PHILIP, 45 Charlotte Square.
 Miss THORBURN, 12 Hermitage Place, Leith.
 Mrs. WALLACE, 40 Drumsheugh Gardens.
 Miss WHITE, 1 Greenbank Terrace.

Honorary Physicians.

R. W. PHILIP, M.A., M.D., F.R.C.P.
 G. L. GULLAND, M.D., F.R.C.P.

Honorary Surgeon.

DAVID WALLACE, C.M.G., M.B., F.R.C.S.

Assistant Physician.

W. LESLIE LYALL, M.B., M.R.C.P.E.

Resident Physicians.

J. HALLIDAY SUTHERLAND, M.B., Ch.B.
 W. E. GOSS, M.B., Ch.B.

Non-Resident Clinical Assistant.

ROBERT HANNAH, M.B., Ch.B.

Pathologist.

JAS. MILLER, M.D., F.R.C.P.

Research Scholar.

A. E. PORTER, M.B., Ch.B.

Lady Superintendent.

Miss GUY.

Auditor.

EDWARD BOYD, C.A., 23 Thistle Street, Edinburgh.

Honorary Secretaries.

WALLACE & GUTHRIE, W.S., 1 North Charlotte Street, Edinburgh.

Clerk and Treasurer.

NORMAN CAIRNS, C.A., 4A St. Andrew's Square, Edinburgh.

Patron—HIS MAJESTY THE KING.

Patrons and Patronesses.

THE EARL OF ABERDEEN.
THE LADY MARY HOPE.

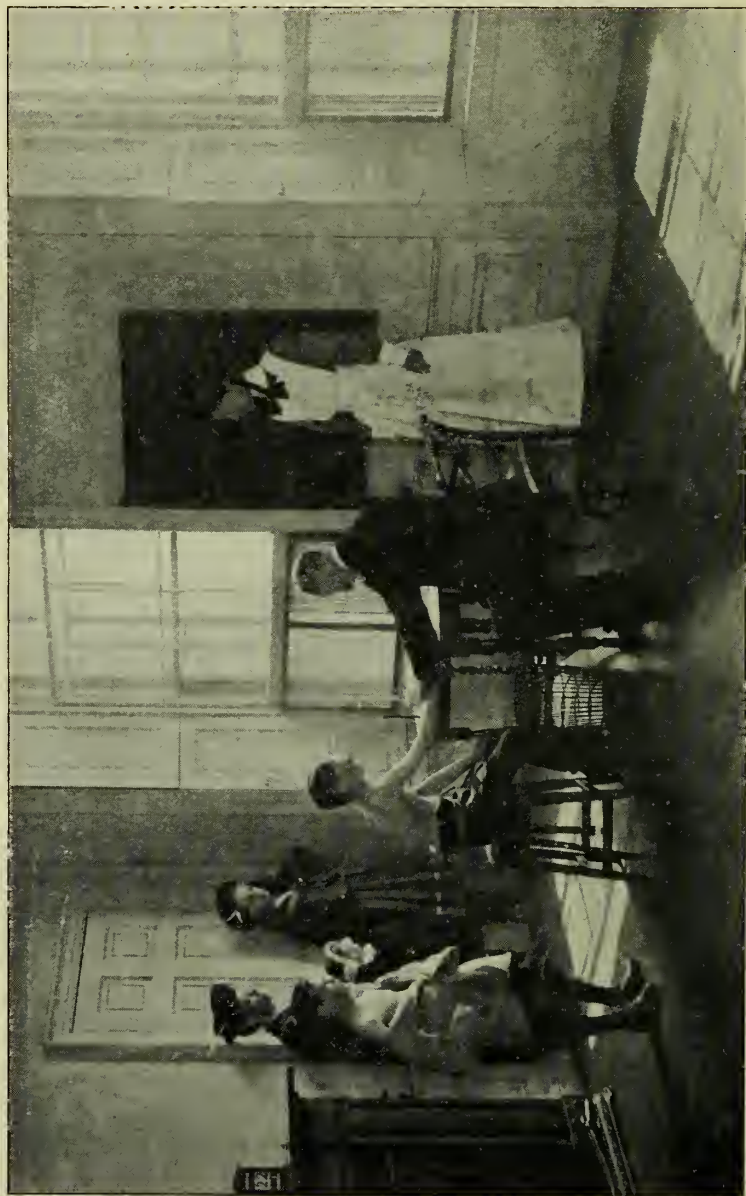
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ROYAL VICTORIA DISPENSARY: "MARCH PAST" OF HOUSEHOLD, TO DETECT EARLY CASES.

THE TWENTIETH ANNUAL REPORT

OF THE

COMMITTEE OF MANAGEMENT

OF

The Royal Victoria Hospital for Consumption, Edinburgh,

For the year ending 31st March 1910.

WITH profound regret the Committee respectfully record their sense of the great loss which the anti-tuberculosis cause has sustained by the death of King Edward. His Majesty was Patron of the Royal Victoria Hospital. It was by command of His Majesty that the Institution received the royal title, and His Majesty graciously expressed approval of the plans of the new buildings. His sympathetic interest in the consumptive sufferer was linked with the largest views regarding the eradication of the disease.

It affords the Committee great pleasure to report regarding the past year, which has been a record one in every department of anti-tuberculosis work. The chief event has been the completion of the scheme of anti-tuberculosis measures by the acquisition of the estate of Springfield for the purposes of a Farm Colony.

The Committee have to record the loss which the Hospital has sustained through the death of Sir Arthur Mitchell, K.C.B. For many years the Committee enjoyed the benefit of his large outlook and mature judgment. The Hospital owes not a little of its forward progress to his sympathetic and skilled counsel.



FIRST VISIT OF CONSUMPTION DISPENSARY NURSE TO AN INFECTED HOUSE.

It seems desirable at this point to recall the relationship of the several factors in the scheme which has gradually been evolved during the past twenty-two years. First in importance as in date of creation comes

THE DISPENSARY.

The activities of the Edinburgh Scheme centre around the Dispensary. This is at once the base of operations and the connecting link of all the other factors. The Dispensary has thoroughly fulfilled the purposes and expectations of its founder. Since its erection in 1887, no fewer than twenty thousand individual patients have been under surveillance. The Dispensary has come to be recognised as an "information bureau" in the widest sense regarding tuberculosis. Besides its function in the diagnosis and treatment of disease, it has daily to answer questions as to residence, occupation, emigration, marriage, and the like. Its relationship with the various public bodies and relief agencies, notably the Public Health Department, the School Board, the Parish Council, Charity Organisation Society, Royal Infirmary, and other hospitals, continues to develop satisfactorily. Employers of labour, clergymen, health visitors, and other workers avail themselves of its guidance freely.

The number of patients in attendance still increases. As many as 107 patients have attended in one day. During the past year the doctor has paid 2188 visits to patients at their homes, and the nurse has paid 3584 visits. The members of the Samaritan Committee have likewise regularly visited the more distressing cases. At the laboratory of the Dispensary the diagnosis of tuberculosis was confirmed by bacteriological examination in 409 cases. Of these cases 364 were notified by the Dispensary to the Medical Officer of Health of Edinburgh, and 52 to the Medical Officer of Health of Leith. More than 50 per cent. of all the notifications to the Public Health Department of Edinburgh during the year were made by the Dispensary. The accumulated records obtained by means



CONSUMPTIVE'S HOME UNDER THE CARE OF THE DISPENSARY NURSE.

of the inquiry-schedule (p. 21) afford data of first importance regarding the distribution of tuberculosis in the city.

The truth of the Dispensary view, that the effective handling of the tuberculosis problem implies the *search* for tuberculosis in the dwelling-house, has been clearly demonstrated. The Dispensary's tuberculosis directory for the city affords eloquent testimony to the existence of tuberculous "nests," and points to the urgent need for more effective action in relation to insanitary houses.

The "march past" of the other members of the patient's household continues to prove the immense value of domiciliary investigation. Case after case is thus determined in the earliest stage,—an aspect of preventive medicine of first account, not otherwise readily handled. Two results have followed. The frequency of late cases of consumption has been remarkably diminished. While in the old days patients in advanced stages of the disease frequently came to the Dispensary or were discovered by investigation of the home, it is now a rare thing to come across such an advanced case. The haunts of tuberculosis have been successfully raided. The other result has bearings on notification. A considerable proportion of the cases notified to the Medical Officer of Health are the result of the systematic "march past" of suspected households. These cases would be otherwise missed.

The arrangement for co-operation between the Dispensary and the Public Health Department of the city, which was foreshadowed in last year's report, has now been concluded. The Town Council propose to make an annual contribution to the Dispensary. This contribution will admit of the much-needed extension of premises and increase of staff, whereby the operations of the Dispensary as "information-bureau," "receiving-house," "clearing-house," and "centre of treatment" will be rendered still more effective. It seems right and proper that the city should co-operate in this far-reaching movement for the public health. Through the relationship thus established the Medical Officer of Health will have placed at his disposal the vast amount of accumulated information—which is daily being added to—regarding the distribution of tuberculosis



Marshall, Wane & Co., Photographers.
INTERIOR OF PAVILION SHOWING ARRANGEMENT OF BEDS IN RELATION TO OPEN WINDOWS.

throughout the city. The Dispensary's register of the incidence of tuberculosis contains facts of much interest and value to the sanitarian and statistician.

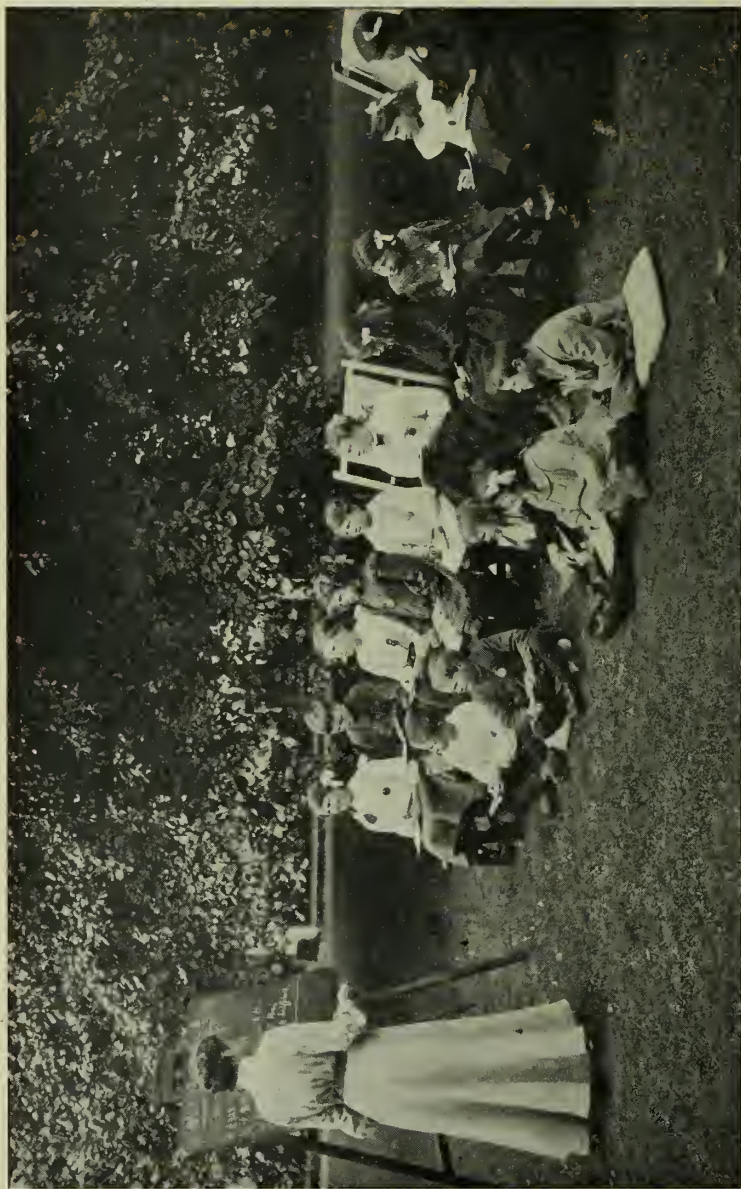
THE HOSPITAL OR SANATORIUM.

Everything goes well. What strikes one chiefly about the Hospital is the aspect of health and content which reigns. The testimony of patients and visitors, both medical and lay, has been remarkable. The Committee are grateful to many persons who have taken the trouble to record their impressions. They note with interest the frequency with which the methods of the Hospital have been borrowed in whole or in part by similar institutions elsewhere.

The effort of the Hospital has always been, not merely to effect arrest of the disease, but to turn out healthy, vigorous men and women, thoroughly restored and fit to undertake suitable work. For this reason no limit of stay has been fixed. Patients are continued under treatment as long as they need it, provided there is reasonable hope of final cure. In many instances the patient has left the Hospital better and stronger than before, with muscular system recreated and trained for work. The healthful graded activity, which succeeds to the period of rest, yields the very best results. The pleasant emulation effected by the system of badges (pp. 24, 25) has been serviceable in many ways. The contention of the Hospital is that it is increase of muscle and better muscle-tone rather than the laying-on of fat which is desirable.

Up to date, 1688 resident patients have been under treatment in the Hospital. To this number fall to be added 267 patients who have come to the Hospital as "visitants," enjoying the régime of the Hospital during the greater part of the day, and returning home to sleep.

In addition to the adult patients under treatment, the Royal Victoria Hospital receives many children. For a number of years it has had usually some twenty children under treatment at one time, and special efforts have been devoted to maintaining the education of the children



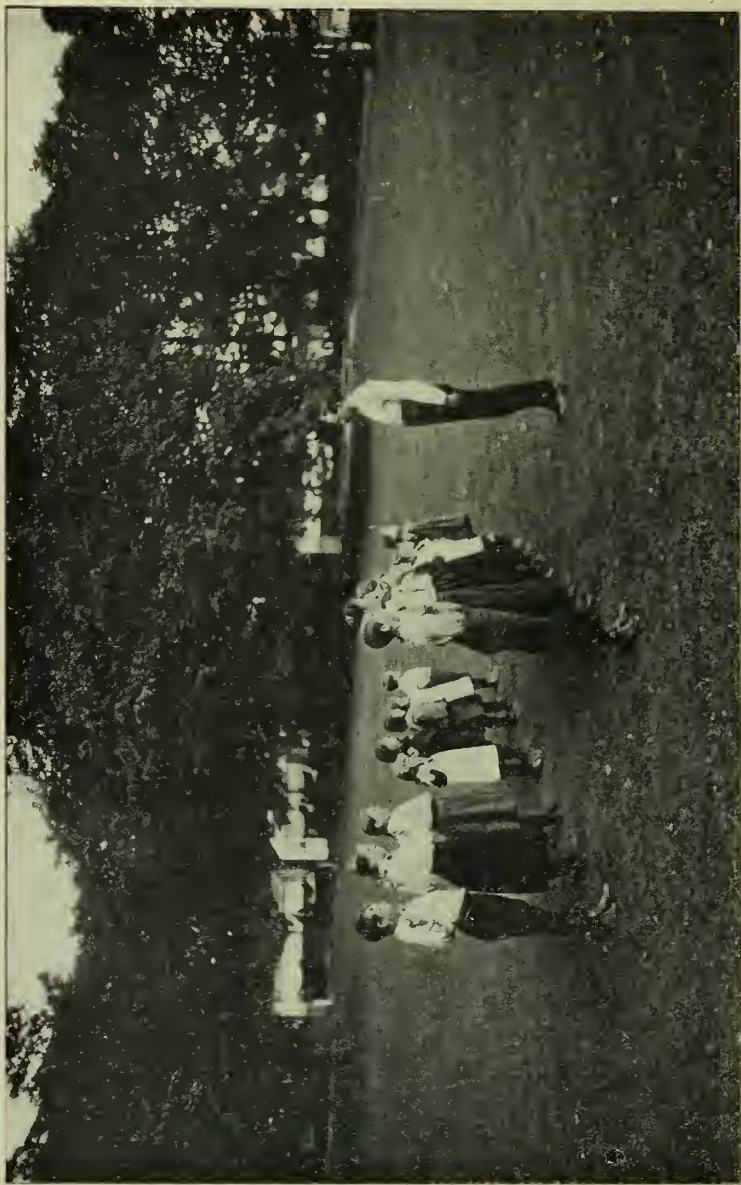
YOUNG PATIENTS AT LESSONS.

during their residence in the Hospital. It has commonly been possible to find efficient teachers from among the adult patients. The results have been highly successful, both from the physical and from the educational standpoint. It is hoped that the plan which has thus far been successful may be placed on a more definite basis by arrangement between the Royal Victoria Hospital and the School Board of Edinburgh, with a view to the maintenance of a school under their joint supervision. Negotiations towards this end are at present in progress. Meantime the Committee would invite all persons interested in this aspect of the cure and prevention of tuberculosis to visit the open-air school within the grounds of the Hospital.

THE FARM COLONY.

Early in the history of the Dispensary, before the existence of the Hospital, the significance of regulated activity was taught to the patients. The Dispensary patients used to be taught regulated exercises, and measured distances for walking were prescribed on the slopes of Arthur's Seat and elsewhere in the vicinity of the city. Within the Hospital grounds the application of the treatment was rendered possible on a more extended scale, and there was gradually developed the system of graduated activity with which the Hospital visitors are familiar. The purpose of the Colony is one step farther on the same lines.

The response of the public to the appeal on behalf of the Farm Colony was remarkable. Within a few months £6000 was subscribed, and to this sum more than one thousand persons contributed. The Committee, after careful examination of numerous sites, finally purchased the estate of Springfield, adjoining the classic Hawthornden. The beautiful property combines many advantages which make it suitable for the purpose in view. It is situated on the river Esk, about 280 feet above sea-level. One entrance is within a minute's walk of Polton Station. This will facilitate the carriage of supplies and the distribution of produce. The estate



RESPIRATORY DRILL.

includes a large mansion-house of simple style, which will be readily adapted for the purposes of the Colony. One portion will form the residence of the Medical Officer in charge. The remainder is available, with slight alteration, to form quarters for some twenty "Colonists." There are fifty acres of land. For many years the fields have been under pasture, but the soil is of a fine loamy nature, suitable for cultivation. The wooding throughout the property is of beautiful character.

To the post of Physician-Superintendent the Committee have appointed Dr. A. Macpherson, lately of Blackhall, who was assistant some years ago at the Victoria Dispensary, and is specially qualified by medical skill and business capacity. To the post of Lady Matron they have appointed Miss Thomson, who has an excellent record as kitchen-mistress to the Royal Victoria Hospital. They have also secured the services of a farm grieve, who brings good credentials from Dalmeny.

Already a small detachment of patients has been in residence, preparing the vegetable and fruit garden and some of the fields. The latter have been sown with potatoes and oats. Poultry-farming will form an important part of the Colony's activity. Some seven acres of ground, on a sunny slope, have been devoted to this object, and stocking and breeding have been begun. Several incubators are busy, and large broods of chickens have resulted. Pig-rearing will be undertaken shortly.

The Committee desire to record their obligation to the Right Honourable the Earl of Rosebery for his kind interest in the stocking of the Colony. From Dalmeny have come seed-potatoes, a fine sow, and birds of first quality for the poultry-yard. The Committee are grateful also to the neighbouring farmers who sent ploughing teams to break up the land, and have kindly assisted in other ways. They are indebted to the architects, Messrs. Sydney Mitchell & Wilson, for sound advice in connection with the economical adaptation of the buildings.

The produce of the Colony will in large part maintain the workers. It will be disposed of in the first place to the Royal Victoria Hospital. This natural outlet is of



PATIENTS PREPARING ROADWAY.

much economic importance. Thereafter the surplus produce will be available for public sale. The workers on the Colony will be persons in whom the disease has been thoroughly arrested. They will be selected rigidly from the patients of the Hospital, to whom, notwithstanding arrest of the disease, return to ordinary avocation might mean disaster. The Committee hope that through residence at the Colony such persons will so fix the cure that the chance of relapse will become remote, and, at the same time, will be trained for farm life and other outdoor occupations either in this country or the Colonies.

The complete equipment of the Colony, however economically undertaken, means considerable outlay. The Committee calculate that this will amount to a sum approaching £2000. They are hopeful that this amount may quickly be found, either by further contributions from the public or from some other source. It is much to be desired that the early activity of the Colony should not be hampered by insufficiency of equipment.

SAMARITAN COMMITTEE.

The ladies of the Samaritan Committee have continued their supervision of the more distressing cases of consumption from the economic point of view. The cases which come before the Committee are selected by the Assistant-Physician or Visiting-Nurse, because of financial difficulty or on similar ground. The Committee meets fortnightly, when reports are submitted regarding the old cases, and new cases deserving of attention are considered and distributed for visitation. The Committee make a point of acting in co-operation with existing charitable agencies, both church and lay, and more particularly with the Charity Organisation Society.

Cases illustrative of the work of the Committee will be found on pages 34-39.

Donations to the Samaritan Committee, either in money or in kind (clothing, blankets, etc.), will be most gratefully received. Parcels of such contributions will be called for on intimation to the Officer at the Dispensary.

REVENUE.

The Committee have endeavoured to ensure rigid economy in every department. They are happy to report a diminution in the cost per patient of £5, 12s. during the year. Notwithstanding this, they have to report an excess of ordinary expenditure over income of £880, 4s. 6d. The decreasing excess of expenditure over income is a source of satisfaction to the Committee as showing increased interest taken by the Public in the Institution. There are still a number of directions in which the several arms of the Anti-Tuberculosis Organisation might be advantageously extended. Frequently the Committee have to pause when they feel they ought to go forward. They would therefore earnestly renew their appeal to present subscribers for increase in their subscription, and to persons who have not yet subscribed to become subscribers.

VOTES OF THANKS.

The Committee have once more to express their best thanks to the many kind donors who, in one or other way, have supported the Institution and thus lightened the suffering of the consumptive poor, and helped to reduce the amount of disease in the community. The subscriptions and donations are acknowledged on pp. 43-104. They are grateful to all kind friends who have visited the Hospital and who, from time to time, have contributed to the entertainment of the patients. They are grateful to the ladies and gentlemen forming the local auxiliaries of this national Institution. They desire to offer their best thanks to the members of the medical staff and other office-bearers, the lady superintendent, nurses, members of the Samaritan Committee, and lady collectors. They owe a special debt of gratitude to the clergymen of the various churches who, on Sundays and during the week, have most willingly ministered to the patients.

In name of the Committee of Management,

A. CHRISTISON,
President.

APPENDIX I.

SCHEDULE OF INQUIRY REGARDING DISPENSARY
PATIENTS.

<i>No. in Ledger.....</i>	<i>Date of Report.....</i>
Name?	Age?
Address?	Married or single?
Occupation?	Has patient changed occupation?
Able to work full time?	Or part time?
If unable, confined to bed?	
How long ill?	
Situation of house (area, ground floor, 1st, etc.)?	
Number and ages of inmates?	
Number and description of rooms?	
General aspect of house (clean, damp, dusty, smelly)?	
Number of windows?	Can they open?
Are they kept open (a) by day?	
(b) by night?	
Have they always been kept open?	
Does patient sleep alone (a) in bed?	
(b) in room?	
How is washing of clothes done?	
How long in present house?	
If has moved within two years, previous addresses?	
Have there been illnesses or deaths in house?	
(a) In own time?	
(b) In previous occupancy?	
Exposed to infection (a) at home?	
(b) at work?	
(c) among friends?	
Present health of other members of household?	
What precautions taken to disinfect?	
T. B. in sputum?	
T. B. in dust of room?	
General dietary?	Teetotal?
General condition (well-to-do, badly off)?	
Proximate income of household?	
Assisted by societies, church, friends, rates?	

Signed.....Reporter.

.....Medical Officer.

APPENDIX II.

RULES FOR CONSUMPTIVE PATIENTS AND THOSE LOOKING AFTER THEM.

*(As issued to Patients at The Royal Victoria Hospital
and Dispensary.)*

Consumption is a communicable disease. It may pass from person to person. It may pass from one lung to the other, or from one organ to another.

The chief source of infection is the expectoration of the consumptive. The great danger lies in the drying of the expectoration, and the blowing about of the dried infectious material.

The spread of consumption can be largely prevented. *If the succeeding directions be obeyed, there need be no serious danger in ordinary intercourse with patients. The breath of the consumptive is not directly infectious.*

The patient should expectorate into a jar or cup containing a tablespoonful of carbolic acid (1 to 20) or other disinfectant.

The vessel should be changed once in twelve hours, or oftener. It should be cleansed by being filled up with *boiling* water. The combined contents should be poured down the w.c. The vessel should then be washed with *boiling* water.

When the patient is out of doors, he should carry a pocket spitting flask (such as The Royal Victoria Hospital model). The flask should be used and cleansed like the jar. The patient should never spit on the streets.

The patient should not use handkerchiefs for expectoration. If this ever has to be done, the handkerchief should be of an inexpensive material, that it may be burned after use. Squares of rag or paper, which may be used for convenience, should be similarly treated.

The expectoration should on no account be swallowed, for thereby the disease may pass to other organs.

Consumptive patients should avoid kissing.

Consumptive mothers should not suckle.

Patients with pronounced disease should have special table utensils.

If expectoration has been accidentally deposited on the floor or other object, it should be wiped up and burned, and the surface of the object cleansed with strong antiseptic.

Rooms which have been long occupied by a consumptive patient should, before occupation by someone else, be carefully disinfected, as after other infectious disease.

FRESH AIR is the *food of the lungs*. Therefore, see that the lungs be not starved.

A.—By Day.—The patient should occupy as airy a room as possible. It must be scrupulously dry, and preferably removed from the ground. *The window should be freely open.* When able, the patient should be out of doors once or several times during the day. He must *avoid over-effort*, and damp, or chill, which would counteract the benefit.

B.—By Night.—He should sleep alone. The bedroom should be large and airy. *The window should be kept freely open in all weathers.*

Copies of these, on card, can be had for distribution, price 2s. 6d. per 100, on application to the Physician, The Royal Victoria Hospital for Consumption, Edinburgh.

APPENDIX III.

SCHEME OF PHYSICAL TREATMENT.

Physical Treatment is an important element in the régime of the Royal Victoria Hospital for Consumption. It is arranged in graduated stages.

On admission, each patient is placed at complete rest. During this stage, in addition to minute examination of every organ, the patient's general condition is carefully observed. According to the estimate which is made, the length of the resting period is fixed. Thereafter, in the absence of contra-indication, the patient is gradually advanced through the other stages, according to his or her physical condition. The nature and amount of activity are definitely prescribed just like drug treatment. The dose is increased or diminished as the temperature chart, pulse-rate, and other indications suggest. A coloured badge (see below) is assigned to the patient in accordance with the stage reached.

I. RESTING STAGE.

White
Badge.

On admission to the Hospital all patients are prescribed complete rest, lasting from a few days to several weeks, according to the individual case.

II. STAGE OF REGULATED EXERCISES.

This includes—

Yellow
Badge.

1. Walking varying distances, from $\frac{1}{4}$ to 5 miles—(a) on the level; (b) on sloping ground.
2. Various respiratory exercises once or twice a day.
3. Other forms of movements to improve carriage of shoulders, head, chest, etc.

III. STAGE OF REGULATED WORK.

The work is chosen with a view to utility and with due regard to the patient's individual case, and to his past trade. This stage is subdivided into four grades (*A*, *B*, *C*, *D*).

GRADE *A*.

Light Blue
Badge.

Picking up papers, leaves, and other light rubbish in the grounds.
Knitting. Sewing. Drawing.

GRADE *B*.

Emptying garden waste-boxes, and assisting to carry away rubbish.

Carrying light baskets for various gardening purposes.

Light painting work (gates, fences, furniture, etc.).

**Green
Badge.**

Wiping shelters. Setting tables, and laying cloth in patients' dining-room.

Cleaning silver.

Cleaning brasses, towel-rails, and taps.

GRADE *C*.

Raking. Hoeing. Mowing. Sweeping leaves.

Drawing two-wheeled barrow with assistance.

Other gardening jobs requiring a similar amount of exertion.

**Dark Blue
Badge.**

Heavier painting work.

Sweeping shelters. Scrubbing floors.

Cleaning boots. Cleaning knives.

Assisting in laundry (folding clothes, etc.).

Washing and drying dishes.

GRADE *D*.

Digging. Sawing.

Carrying heavy baskets for various gardening purposes.

Wheeling and drawing full wheel-barrow, and other heavy gardening work.

Drawing bath chair.

Bathing other patients.

**Red
Badge.**

Mangling. Window cleaning.

Polishing floors. Sweeping and cleaning courtyard.

Carpentering. Joinering.

Attending boiler. Engineering.

N.B.—In Grades *B*, *C*, and *D*, patients make their own beds and go errands if necessary.

MEDICAL STATISTICS.

I. HOSPITAL—INDOOR PATIENTS.

Since the date of opening, 1688 resident patients have been under treatment in the Hospital.

In addition to these, 267 visitant patients have attended the whole day at the Hospital, thus receiving the benefits of the régime and treatment, and returning to their own homes at night.

Thus—

Resident Patients	1688
Visitant Patients	267
	<hr/>
	1955

TABLE I.—SHOWING OCCUPATIONS OF PATIENTS.

Artists	1	Cooks	7
Auctioneers	1	Coopers	4
Asylum Attendants	1	Crofters	3
Bakers	12	Custom's Officers	1
Bar Attendants	3	Dairymaids	2
Barbers	7	Dairymen	3
Billiard Markers	1	Decorative Artists	1
Black Borderers	1	Domestic Servants	137
Blacksmiths	14	Drapers	15
Boilermakers and Riveters	4	Draughtsmen	5
Bookbinders and Folders	15	Dressmakers and Milliners	56
Booksellers	4	Dyeworkers	4
Bottlers	2	Electricians	8
Brassfinishers	5	Electrotype Finishers	2
Brassfounders	5	Engineers	35
Brewery Workers	3	Engravers	2
Brick Kiln Setters	1	Envelope Folders	4
Bricklayers	2	Factory Hands	35
Builders	2	Farmers	3
Butchers	7	Feather Curlers	2
Butlers	5	Firemen	12
Cabinetmakers	5	Footmen	4
Cabmen and Grooms	10	Forresters	1
Canvas Embossers	1	French Polishers	2
Canvassers	2	Furniture Designers	1
Carriers	1	Furniture Packers	1
Charwomen	4	Gamekeepers	5
Chemists	6	Gardeners	25
Claypipe Makers	2	Gas Meter Index Makers	1
Clerks	129	Glass Painters	1
Coal Merchants	1	Glassworkers	6
Commercial Travellers	21	Globe Menders	1
Confectioners	4	Golf-club Makers	2

TABLE I.—*continued.*

Golfers (Professional)	4	Pursemakers	1
Governesses	4	Quarrymen	3
Grocers	15	Railway Workers	16
Gunsmiths	1	Relief Stampers	2
Gymnastic Masters	1	Reservists	1
Hall Porters	1	Road Superintendents	1
Housekeepers	19	Rubber Workers	18
Housewives	196	Salesmen	23
Index-cutters	1	Saleswomen	45
Insurance Agents	3	Sawyers	2
Ironfounders	5	School Board Officers	1
Ironmongers	8	School Children	132
Ironmoulders	2	Seamen and Fishermen	28
Janitors	1	Seedsmen	2
Joiners	46	Shepherds	3
Journalists	2	Shirtmakers	2
Laboratory Attendants	1	Shoemakers	9
Labourers	47	Shopkeepers	5
Lady's Companions	9	Soldiers	19
Laundresses	8	Stationers	2
Leadcutters	1	Steelworkers	5
Librarians	2	Stokers	1
Lithographers	3	Stonecutters	5
Machinists	14	Students	14
Maltmen	1	Sugar Packers	1
Masons	33	Surveyors	1
Matron in Girls' School	1	Tailors	36
Medical Practitioners	1	Teachers	25
Messengers	16	Telegraphists	4
Millworkers	20	Telegraph Boys	2
Miners	27	Telephonists	1
Mosaic Workers	1	Ticket Collectors	1
Musicians	1	Tinsmiths	2
Nondescript	88	Tobacconists	2
Nurseniads	15	Tram Conductors and Drivers	13
Nurses	15	Turners	1
Painters	20	Typists	5
Paperbag Makers	2	Upholsterers	9
Paper Workers	7	Valets	2
Parish Sisters	1	Van Builders	1
Photographers	3	Vanmen	4
Piano Tuners	2	Waiters	8
Picture Frame Makers	1	Waitresses	7
Plasterers	4	Wardmaids	1
Plate Cleaners	2	Warehousemen	11
Ploughmen	11	Warehousewomen	7
Plumbers	18	Watchmakers	6
Policemen	7	Weavers	5
Porters	9	Wood Carvers	6
Postmen	9	Woolsorters	5
Postwomen	1	Workers in Fields	2
Pressers	2		
Printers and Compositors	59		
Publicans	3		

TABLE II.—SHOWING AGES OF PATIENTS.

Under 11	.	.	.	.	.	.	.	58
From 11-20	.	.	.	.	.	.	.	502
„ 21-30	.	.	.	.	.	.	.	856
„ 31-40	.	.	.	.	.	.	.	368
„ 41-50	.	.	.	.	.	.	.	149
Over 50	.	.	.	.	.	.	.	22
								<hr/>
								1955

TABLE III.—SHOWING SEX OF PATIENTS.

Males, 1100 ; Females, 855 ; Total,—1955.

TABLE IV.—SHOWING RESIDENCE OF PATIENTS.

Edinburgh	1001	Kirkcudbrightshire	26
Vicinity of Edinburgh	185	Lanarkshire	81
Country—		Lewis	2
Aberdeenshire	17	Linlithgowshire	26
Argyllshire	12	London	3
Ayrshire	17	Manchester	2
Banffshire	5	Midlothian	51
Berwickshire	33	Nairnshire	1
British Guiana	1	Northumberland	4
Bute	2	Orkney	8
Caithness-shire	5	Peebles	5
Canada	1	Perthshire	24
Clackmannanshire	14	Renfrewshire	18
Cumberland	11	Ross-shire	9
Dumbartonshire	12	Roxburghshire	19
Dumfriesshire	27	Selkirkshire	35
Elginshire	12	Shetland	16
Fifeshire	101	Stirlingshire	43
Forfarshire	34	Surrey	1
Haddingtonshire	31	Sutherlandshire	11
Harris	1	Switzerland	2
Italy	1	Wigtownshire	1
Inverness-shire	13	Yorkshire	2
Ireland	1		
Kent	1		
Kincardineshire	4		
Kinross-shire	3		
			<hr/>
			769
			<hr/>
			1955

II. DISPENSARY—OUT-DOOR PATIENTS.

Up to 31st March 1910, 20,119 *individual cases* received treatment at the Dispensary.

TABLE I.—SHOWING ATTENDANCES FROM 31ST MARCH 1909
TILL 31ST MARCH 1910.

	At Institution.	At their own Homes.	TOTAL.
April	776	162	938
May	824	188	1,012
June	763	198	961
July	670	192	862
August	738	184	922
September	860	180	1,040
October	905	179	1,084
November	871	197	1,068
December	911	182	1,093
January	820	186	1,006
February	837	168	1,005
March	962	172	1,134
	<hr/> 9937	<hr/> 2188	<hr/> 12,125
Visits paid by Nurse			3584
Number of Sputa examined			409
Official Notifications made to Authorities		{ Edinburgh 364 Leith 52 }	{ 416

TABLE II.—SHOWING DISEASES FROM WHICH PATIENTS SUFFERED.

Pulmonary Tuberculosis	14,383	Injury to Chest, and Hernia of Lungs	19
Bronchitis	1,775	Croupous Pneumonia	23
Emphysema, with Bronchitis, Asthma, etc.	804	Pleura, Affections of	348
Œdema of Lungs, with or without Bronchitis, Weak Heart, etc.	367	Larynx, Affections of	371
Capillary Bronchitis	25	Affections of related Organs, etc.	2,004
			<hr/> 20,119

TABLE III.—SHOWING OCCUPATIONS OF PATIENTS.

Artists	39	Charwomen	206
Asphalters	1	Chauffeurs and Motor Mechanics	5
Athletes	3	Chemists	32
Bakers	209	Children (below fifteen)	2746
Blacksmiths	132	Chimney Sweeps	7
Bookbinders and Folders	253	Clerks and Warehousemen	592
Boilermakers	2	Coachbuilders	1
Brassfinishers	123	Coal Miners and Workers	226
Bricklayers	4	Comb and Brush Makers	29
Butchers	79	Confectioners	42
Cabmen and Grooms	173	Coopers	17
Carpenters, Joiners, and Woodworkers	571	Corkcutters	17
Car Conductors and Drivers	47	Dairymen	24

TABLE III.—*continued.*

Diestampers	2	Nondescript	1032
Domestic Servants	760	Opticians	2
Drapers	5	Paper Bag Makers	81
Electricians	3	Paper Cutters	66
Engineers and Enginemem	322	Painters	189
Farm Servants	54	Plasterers	54
Firemen	60	Plumbers	103
Fishermen and Sailors	120	Policemen and Watchmen	41
Fishwomen	52	Porters	201
Fitters and Riveters	82	Postmen, Lamplighters, etc.	51
French Polishers	2	Pottery Workers	3
Gardeners and Farmers	89	Printers, Compositors, etc.	479
Gatekeepers and Messengers	118	Railway Servants	103
Glasscutters and Grinders	45	Riggers	6
Glassmakers and Bottle- blowers	2	Rubber, Sealing-wax, and Vulcanite Workers	342
Glaziers and Gilders	36	Saddlers	3
Golf-club and Ball Makers	11	Salesmen	244
Grocers	108	Saleswomen	287
Guards	28	Scavengers	33
Gunmakers	13	Seamstresses and Dressmakers	397
Hairdressers	73	Shoemakers	218
Hammermen	5	Sick Nurses	54
Hawkers	155	Slaters	38
Hosiery Workers	15	Soldiers	43
Housewives	4076	Spinners	18
Insurance Agents and Com- mercial Travellers	202	Stationers	10
Ironmongers and Typefounders	171	Stokers	11
Jewellers and Watchmakers	57	Students	19
Labourers	1300	Surveyors	7
Laundresses	169	Tailors and Hatters	395
Leather Workers	20	Tanners and Curriers	28
Librarians	3	Teachers	31
Lithographers	42	Telephonists and Workers	1
Lorrymen and Carters	190	Tinworkers	88
Maltmen	50	Tobacconists	9
Masons	668	Upholsterers	69
Metreworkers	1	Van Drivers	55
Millworkers	342	Waiters	150
Moulders	4	Weavers	50
Musicians	43	Wireworkers	29
Networkers	3		
			20,119

TABLE IV.—SHOWING AGES OF PATIENTS.

From 1-10	1,687
„ 11-20	4,459
„ 21-30	5,595
„ 31-40	4,050
„ 41-50	2,425
„ 51-60	1,230
Above 60	673

20,119

TABLE V.—SHOWING SEX OF PATIENTS.

Males	10,812
Females	9,307
	<hr/>
	20,119

TABLE VI.—SHOWING RESIDENCE OF PATIENTS.

Edinburgh, including Portobello and Joppa	15,571
Leith, Newhaven, and Trinity	2,280
Country	2,268
	<hr/>
	20,119

TABLE VII.—SHOWING DISTRICTS FROM WHICH PATIENTS HAVE BEEN RECEIVED, OTHER THAN EDINBURGH, LEITH, AND IMMEDIATE VICINITY.

Aberdeen	6	Broxburn	67
Aberdour	7	Buckhaven	1
Abernethy	2	Burntisland	13
Addiewell	2	Caithness	9
Alexandria	2	Caldercruix	1
Alloa	13	Carlisle	4
Alnwick	1	Carluke	1
Alva	16	Carstairs	1
Alyth	1	Castle-Douglas	2
Airdrie	3	Chirnside	4
Annan	1	Cleland	1
Anstruther	1	Coatbridge	4
Arbroath	2	Cobbinshaw	1
Argyllshire	4	Cockenzie	89
Armadaie	23	Coldstream	2
Arran	1	Colinton	11
Auchendinny	4	Corstorphine	32
Auchterarder	1	Cowdenbeath	11
Ayr	4	Cramond	6
Ayton	1	Crieff	3
Bathgate	52	Cumberland	2
Beattock	1	Currie	11
Belfast	1	Dalhousie	1
Berwick-on-Tweed	19	Dalkeith	44
Biggar	1	Dalmeny	2
Birkenhead	1	Davidson's Mains	20
Blackhall	17	Denholm	1
Blair Atholl	1	Denny	2
Blairgowrie	2	Dollar	1
Blantyre	4	Doune	4
Bonar Bridge	1	Drem	3
Bo'ness	22	Duddingston	13
Bonnyrigg	38	Dumbarton	2
Bothwell	1	Dumfries	8
Bowbridge	1	Dunbar	14
Bridge of Allan	1	Dunblane	2
Broomieknowe	1	Dundee	18

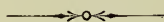
TABLE VII.—*continued.*

Dundonald	1	Langholm	1
Dunfermline	39	Langsidehouse	1
Duns	4	Larbert	1
Duntocher	1	Lasswade	8
Dysart	5	Lauder	1
Earlston	6	Leadburn	1
East Calder	10	Lerwick	1
Ecclefechan	1	Leslie	1
Elgin	3	Leven	3
Elphinston	1	Liberton	18
England	30	Lilliesleaf	1
Eyemouth	3	Linlithgow	8
Falkirk	49	Liverpool	3
Fauldhouse	6	Livingstone	1
Fife	34	Loanhead	45
Ford	2	Loch Fyne	1
Forres	1	Lochgelly	6
Galashiels	52	Lochwinnoch	2
Garvald	2	Lockerbie	3
Gifford	1	London	6
Gilmerton	8	Longniddry	3
Glasgow	133	Macmerry	3
Gordon	1	Manchester	1
Gorebridge	12	Manuel	1
Govan	4	Markinch	5
Grangemouth	7	Maybole	1
Granton	19	Melrose	6
Greenock	3	Methil	4
Haddington	20	Midcalder	22
Hamilton	6	Midlothian	15
Hawick	10	Milton Bridge	1
Helmsdale	1	Moffat	2
Innerleithen	9	Montrose	5
Inverkeithing	9	Motherwell	2
Inverness	7	Musselburgh and Fisherrow	230
Ireland	2	Newcastleton	2
Island of Eigg	1	Newton Grange	4
Jedburgh	3	Niddrie	4
Johnstone	7	North Berwick	6
Juniper Green	21	Oban	1
Keith	1	Orkney and Shetland	36
Kelso	4	Paisley	2
Kilmarnock	1	Peebles	26
Kinghorn	3	Pencaitland	15
Kingsknowe	1	Penicuik	47
Kincardine	1	Perth	15
Kinross	3	Pitlochry	5
Kirkcaldy	78	Polmont	13
Kirkcudbright	2	Polton	5
Kirkintilloch	1	Prestonpans	26
Kirkliston	9	Queensferry, N. and S.	23
Kirknewton	3	Ratho	5
Ladybank	4	Reston	1
Lanark	10	Roseburn	1

TABLE VII.—*continued.*

Rosewell	9	Tain	1
Roslin	5	Thurso	1
Ross-shire	5	Tillicoultry	5
Rothsay	1	Tranent	106
St. Abbs	1	Tynecastle	1
St. Andrews	7	Uphall	20
St. Boswells	2	Wales	1
Saltcoats	1	Walkerburn	6
Selkirk	9	Wemyss	5
Shotts	5	West Calder	11
Slateford	29	West Linton	1
South Shields	3	Whitburn	6
Stenton	1	Wick	5
Stirling	20	Winchburgh	10
Stobo	2	Wishaw	1
Stonehaven	1	Yoker	1
Stornoway	1	Australia	1
Stow	5	Brooklyn, N.Y.	1
Straiton	1		
Sutherlandshire	3		2268

ILLUSTRATIVE CASES.



HOSPITAL.

The cases are purposely selected from among those under treatment some years ago as illustrations of the lasting benefits conferred by the Hospital.

L. J.—Jeweller's salesman, aged thirty, was admitted to Hospital in August 1903. His chief complaint was cough and physical "doneness." There was family history of consumption. Both lungs showed cavity formation. He remained in Hospital for four months, during which he gained 1 st. 1½ lb., and regained his former strength. Seven years have elapsed since then, during which time he has maintained his recovered health and strength, and has been able to work regularly.

C. H.—Manservant, aged twenty-six, was admitted into Hospital in November 1905, complaining of cough, shortness of breath and pain in the chest. The symptoms had been present for four months. His previous history indicated that seventeen years before he had shown signs of disease. His chest was poorly developed, and both lungs were extensively involved. He was in Hospital for nine months. On discharge, he was free of symptoms, and was fit for a hard day's work as boiler attendant. Since then he has been under close observation and has maintained excellent health.

D. G.—Miner, aged thirty-four, was admitted to the Hospital on 16th June 1909, suffering from grave symptoms of consumption in both lungs. For three months prior to admission he was unable to work on account of breathlessness and cough. After three months' residence in the

Hospital he had gained the "red" badge, worn by patients on the highest grade of work. During this period he gained 16 lb. in weight, the breathlessness left him, cough and spit ceased, and tubercle bacilli disappeared from the sputum. Having been thoroughly tested by the graduated work at the Hospital, he is now fit for continuous work, and has been transferred to the Royal Victoria Hospital Farm Colony.

F. J.—A commercial traveller, aged forty-two, was admitted into Hospital as a "visitant" patient in January 1902, with a history of pleurisy seven years before, and, recently, of continuous cough and spit for nine months. He had been so ill that he could hardly get out of and into bed. The pulse was very rapid and feeble, and there was widespread evidence of lung disease on both sides. Constitutionally he was greatly reduced. The patient improved in most remarkable fashion. The disease was arrested, and he put on 76 lb. weight during treatment. For several years he has been steadily engaged in a long day's work (6 a.m. to 8 p.m.) as bath attendant at the Hospital—at once a guide and object lesson to the rest of the patients.

W. P.—Gardener, aged twenty-four, is a case which illustrates the great value of the working colony. He was first admitted on 25th May 1904, with loss of appetite, cough, spit, breathlessness, and pain in the chest. His weight was 9 st. 1½ lb., and there were signs of advanced disease of both lungs. After a residence of sixteen months he was discharged with the disease arrested. He had gained 9 lb. in weight. Following the advice he received on discharge, he found employment as a gardener, and for two years remained in perfect health. At the end of this time work became slack, and he was paid off. He next obtained employment as "odd man" on a tramway system, where now and then he had long hours as tramway conductor, and was sometimes up until midnight. He found the air of the car close, and on Saturdays, when many were travelling, most oppressive. Cough returned, his weight decreased,

and he suffered from frequent attacks of hæmoptysis. On 11th July 1908, he was again admitted to the Hospital, his weight being 8 st. 11½ lb., the pulmonary disease very active, and all the old symptoms present. After treatment for nine months, he had gained 26 lb. in weight, the disease in the lung was arrested once more, and all symptoms had disappeared. He has been given temporary employment as gardener at the Hospital, and remains in excellent health.

B. A. S.—Electrician, aged nineteen, was admitted to Hospital in May 1909, being sent through the Royal Victoria Dispensary. There was well-marked disease in both lungs, and he suffered from constant cough accompanied by a large amount of expectoration, pain in the chest, weakness, and loss of appetite. Under the régime at the Hospital he progressed very rapidly, and in three months he had gained twelve pounds, while the cough and spit had completely disappeared. As he is a lad without a home, and unfitted for the work of an electrician, he will be recommended for admission to the Farm Colony, where he will have every prospect of retaining health, while engaging in useful work.

J. M.—Domestic servant, aged thirty-eight, was admitted on 9th December 1908 suffering from great weakness, troublesome cough, expectoration, and breathlessness. There was marked disease in both lungs. She had a poor appetite, was pale and thin, and weighed 6 st. 13 lb. At the end of nine months' treatment she had gained over a stone in weight, all symptoms had disappeared, and the pulmonary lesions undergone complete resolution. She is now on the highest grade of the Scheme for Physical Treatment (red badge), and is able for a hard day's work, which includes working in the laundry, scrubbing, washing shelters, and other household duties.

T. M.—Aged twenty-nine, worked as a saleswoman in a boot shop, and was admitted on 3rd December 1908

suffering from cough, spit, pain in chest, great breathlessness, and profound weakness. In both lungs the disease was active. At the end of nine months she had gained 19 lb., the lung disease was completely arrested, and all symptoms had disappeared. At present she does a full day's work in the laundry, the tubercle bacilli being quite absent from the slight expectoration she occasionally has.

T. J.—Fishing rod finisher, aged seventeen, was admitted to the Hospital on 14th April 1909 suffering from active mischief in both lungs, with persistent cough, spit, and great weakness. She was thin, pale, and of a poor colour. She had been employed from 8 a.m. to 6 p.m. for a wage of six shillings a week. Under treatment she rapidly gained flesh and colour, and at the end of five months the disease was arrested, all symptoms gone, and the patient had gained $12\frac{1}{4}$ lb. in weight. The physical change in this case has been remarkable—an emaciated, worn, consumptive child has been transformed into a healthy country girl.

DISPENSARY.

The following notes of cases taken from the medical officer's book illustrate the work of this department:—

Mrs. D.—Aged 29. When she first came to the Dispensary we determined that this patient was too ill to return. Accordingly she was directed to remain in bed, and her name was placed on the visiting list for the doctor and nurse. The house is in an area, and was very dusty and ill-kept, and the windows were closed. Under nurse's guidance the windows were opened freely, the children were sent away to relatives, and the house thoroughly put in order. Nurse visits this patient, makes her comfortable, and cooks tempting food for her every day. The patient, in spite of care, has not improved, and we are arranging for her going into the City Hospital.

M. S.—Draper, age 21. This lad came to the Dispensary about eighteen months ago. It was a hopeful case. Accordingly he was recommended for admission to the Royal Victoria Hospital. Pending his admission he continued a regular visitor at the Dispensary and improved greatly. His experience at the Hospital amply justified his selection for treatment there. Some months ago he was discharged with the disease arrested, and in a better state of health than ever before. He has been back at work for several months. He follows open-air treatment scrupulously, and his health continues excellent.

E. G.—Housewife, aged 37. This patient on her first visit was manifestly too ill to return to the Dispensary, consequently we visited her at her own home. The house was found to be insanitary in high degree,—windows closed and dirt everywhere. By dint of constant visiting and hard work nurse got it into habitable state. But the condition was found to be too far advanced, and it was consequently decided that the patient should be removed to the City Hospital. The Medical Officer of Health was accordingly notified to that effect. She is unlikely to live long, but it is satisfactory to know that she is now properly cared for, and that the risk of infecting other members of the family is removed.

H. R.—Cabinetmaker, aged 49. This man has been a patient at the Dispensary for three or four years. The disease was too extensive and chronic to permit of his admission to The Royal Victoria Hospital. Nor was it a suitable condition for the Hospital for advanced cases. For a long period he was able to attend the Dispensary, and benefited by the advice and treatment. For the past two years he has been visited at his own home by the doctor and the nurse. Two children are also under our care. The patient's wife is most careful in all precautions. Their home is an excellent example of the extent to which open-air treatment and other hygienic measures can be carried out in a small house.

SAMARITAN WORK.

The following cases show the nature of the work undertaken by the ladies of the Samaritan Committee:—

K. S.—Laundress, aged twenty-four. For several years various members of this family have been under the care of the Dispensary. We have endeavoured as far as possible to lessen the risk of infection to the unaffected ones. This was difficult owing to lack of space and want of money. In her case the disease was complicated by marked kidney affection. I was unable, therefore, to recommend her for admission to The Royal Victoria Hospital. The lung disease has gradually progressed. She is attended regularly at her own home, and owes much to the ministration of the nurse and the practical solicitude of one of the Samaritan Committee.

F. B.—In this family there are several patients, mostly children, who attend the Dispensary. To add to their troubles the father met with a serious accident, necessitating his being off work for several months. As a result the family circumstances were most straitened. This case was brought to the notice of the Committee, and one of the ladies co-operated with nurse in rendering help to the household, both in the matter of food and clothing. Two of the younger children have been sent to the Humble Village to have a change of air.

ABSTRACT OF THE CLERK AND TREASURER'S ACCOUNTS, from 31st March 1909 to 31st March 1910.

I.—ORDINARY INCOME AND EXPENDITURE ACCOUNT.

INCOME.

Revenue received—

1. Subscriptions and Donations—

Per Treasurer (page 48)—

(a) Ordinary	£475 0 3
(b) Special Appeal	1,175 17 3
	<hr/>
	£1,650 17 6
	79 8 7
	<hr/>
	£1,571 8 11

Deduct—Expenses of Special Appeal

Collections in Edinburgh—	
(a) Per Lady Collectors (page 58)	£539 13 5
(b) Per Charity Organisation Society (page 63)	534 8 6
	<hr/>
Per Public Works (page 64)	1,074 1 11
Per Lady Collectors in Country Districts (page 103)	124 9 7
Per Sunday School and Church Collections (page 104)	1,616 19 6
Per Collecting Boxes (page 104)	4 7 0
	<hr/>
	134 3 8
	<hr/>
	£4,525 10 7
	1,090 2 2
	<hr/>
	217 2 0
	<hr/>
	10 10 0

2. Contributions from Patients	
3. Dividends and Interest received	
4. Donation to Research Fund (page 104)	
5. Miscellaneous Receipts, including Repayment of Income Tax, £12, 16s. 6d.; Fees for notification of Phthisis Cases, £22, 18s.; Nurses' Fees, £3, 3s.; Dripping sold, £93, 7s. 8d.; Ketuse sold, £3; and Miscellaneous, £5, 16s.	
	<hr/>
	141 1 2
	<hr/>
	£5,984 5 11
	880 4 6
	<hr/>
	£6,864 10 5

Excess of Ordinary Expenditure over Income carried to Extraordinary Account

EXPENDITURE.

I. Payments in connection with the Hospital—

1. Provisions	£2,804 7 11
2. Salaries to Resident Staff	297 1 11
3. Servants' Wages	405 9 1
4. Rates, Taxes, and Insurance	174 11 4
5. Heating and Lighting	515 0 8
6. Furnishings and Repairs	694 7 4
7. Medicines and Medical Appliances	137 7 7
8. Expenses of Laboratory	120 5 7
9. Upkeep of Grounds	181 7 0
10. Lady Superintendent's Sundries	40 19 0
	<hr/>
	£5,370 17 5

II. Payments in connection with the Dispensary—

1. Rent, Taxes, and Insurance	£57 9 3
2. Salaries to Medical Assistants and Lady Dispenser	123 9 7
3. Nurse's Salary and Sundries	27 18 0
4. Coals and Gas	12 16 4
5. Furnishings and Repairs	4 4 6
6. Caretaker's Wages	60 0 0
7. Medicines and Medical Appliances	276 17 8
8. Caretaker's Incidents, £6, 10s., and Miscellaneous, £11, 14s. 10d.	18 4 10
	<hr/>
	581 0 2
	278 19 9
	<hr/>
	278 6 3

III. Interest Paid

IV. Printing, Stationery, and Advertising

V. Commission and Expenses of Organising Secretary, including Travelling Expenses

VI. Expenses of Management, including Auditor's Fee, £10, 10s.

VII. Legal Expenses

VIII. Postages, £14, 7s. 9d., and Miscellaneous Payments, £2, 13s. 8d.

	223 19 8
	110 10 0
	3 15 9
	17 1 5
	<hr/>
	£6,864 10 5

II.—EXTRAORDINARY ACCOUNT.

CHARGE.

Funds as at 31st March 1909
Legacies received—

Further payment to account of one-third share of residue by the late David Gellatly, per Simpson & Marwick, W.S..

Trustees of the late Charles Anderson, of Fetykill, amount allocated by them out of the residue of his estate, per Boyd, Jameson, & Young, W.S..

Executors of the late Miss Isabella Cullen, per Davidson & Syme, W.S..

Executors of the late Alex. Robertson, Corstorphine, per Lindsay, Howe & Co., W.S..

£100 0 0	£7,206 4 6	
500 0 0		
1000 0 0		
250 0 0	1,850 0 0	

DISCHARGE.

Payments in connection with New Buildings
Note.—The total payments in connection with the New Buildings to date, amount to £13,345, 7s. 5d.

Payments in connection with the Tuberculosis Exhibition in London, etc.

Excess of Ordinary Expenditure over Income, transferred from Ordinary Income and Expenditure Account

Funds as at 31st March 1910—

£1360 3½ Debiture Stock of the National Telephone Company at cost . . . £11,479 14 0
£1000 4% Debiture Stock of the Caledonian Railway Company at cost . . . 1,227 17 6
£1000 3½ Debiture Stock of the North British Railway Company at cost . . . 919 9 6
£1000 3% Perpetual Debiture Stock of the South-Eastern Railway Co. at cost . . . 901 12 9
£1000 4% Guaranteed Stock of the Great Eastern Railway Company at cost . . . 1,200 17 3
£1000 4% Perpetual Guaranteed Stock of the Great Northern Railway Co. at cost . . . 1,197 2 0
Sum on Account Current with the Commercial Bank of Scotland . . . 168 12 5
Sum in Lady Superintendent's hands to meet current weekly wages . . . 30 0 0
Excess of Sums received over payments made after 31st March 1910, applicable to the year ended 31st March 1910, and included in this Abstract . . . 2,341 13 0

Deduct—Temporary Loan from the North of Scotland and Town and County Bank Limited . . . 1,500 0 0

£60 17 2		
147 19 5		
880 4 6		
	7,967 3 5	
	<u>£9,056 4 6</u>	

EDINBURGH, 30th June 1910.—I have audited the Accounts of the Intromissions of the Clerk and Treasurer of THE ROYAL VICTORIA HOSPITAL FOR CONSUMPTION for the year ending 31st March 1910, of which the above is an Abstract, and have found them correct.

EDWARD BOYD, C.A., Auditor.

FARM COLONY.

ABSTRACT OF ACCOUNTS for the period from 23rd July 1909 to 23rd June 1910.

CHARGE.

I. Funds as at 23rd July 1909 £5,518 18 4

II. Revenue received—

I. Subscriptions—	£1	1	0
Abbott, T., W.S., Braemar, Ayr.	2	2	0
Adamson, Mrs., Careston Castle, per	1	1	0
Miss Bruce Gardyne, Frickheim	1	0	0
Aitken, John, Falkirk	1	0	0
Blackie, J., Robertson, Northbank,	1	0	0
Doyvanhill, Glasgow	5	5	0
Davidson, Mrs., 3 Greenhill Terrace	1	0	0
Deas, Miss Winifred A., 32 Heriot Row	1	1	0
Donation	0	10	0
Drummond, Mrs. Catherine G., 8 Wardie	1	1	0
Road	1	1	0
Fairley, N. M., 80 Constitution Street.	0	5	0
McGlashan, Miss, Tonaenell, Killecrankie	0	5	0
Pollock, T., Auchinmeden, Killearn, per	10	10	0
Miss Guthrie Smith, Achnagower,	1	1	0
Killearn	1	1	0
Sanderson, Finlay, University College,	50	0	0
Oxford, per Dr. Philip	5	5	0
Sharp, R., Springfield House, Polton,	£81	2	0
per Wallace & Guthrie, W.S.	62	12	0
Sydney Mitchell & Wilson, 13 Young			
Street			
	143	14	0
	£5,662	12	4

2. Interest received

DISCHARGE.

I. Purchase-Price of Springfield House and Grounds, including	£5,093	18	11
Legal Expenses			
II. Purchase of Stock, Implements, etc.—	£65	0	0
Horses and Cart	21	6	3
Poultry	31	5	11
Ploughs, Utensils, Tools, etc.			
III. Payments chargeable against Revenue—	£75	0	0
Medical Superintendent's Salary	90	10	10
Wages, including board of two men	59	5	6
Rates, Taxes, and Insurance	7	4	11
Heating and Lighting	23	18	6
Upkeep of Horses	9	15	0
Upkeep of Garden, less produce sold	3	10	7
Upkeep of Poultry, less eggs sold	5	4	6
Expenses of Ploughing	3	1	1
Carriages	8	13	6
Printing and Stationery	1	12	9
Gardeners' Incidents	6	11	1
Medical Superintendent's Incidents, £3,			
5s. 3d., and Miscellaneous, £3, 5s. 10d..			
IV. Furnishings			
V. Water Supply, being fee for analysis			
VI. Funds as at 23rd June 1910—			
Balance in Commercial Bank of Scotland on account	101	6	3
current	£5,662	12	4

EDINBURGH, 26th July 1910.—I have audited the Accounts of the Intronnissions of the Clerk and Treasurer of THE ROYAL VICTORIA HOSPITAL FOR CONSUMPTION in connection with the Farm Colony for the period from 23rd July 1909 to 23rd June 1910, of which the above is an Abstract, and have found them correct.

REGULATIONS FOR PATIENTS.

THE HOSPITAL.

1. The Royal Victoria Hospital for Consumption, Edinburgh, is founded for the treatment of patients suffering from Consumption, who are in necessitous circumstances.

2. No patient whose household is in receipt of Parish Assistance shall be considered eligible for admission into the Hospital.

3. Patients will be admitted to indoor treatment, only if the Physician is satisfied that the case may reasonably be expected to benefit thereby.

4. Subject to the above restrictions, patients will be received in order of application, according as vacancies may occur.

5. A small number of beds is available for patients able to contribute £1, 1s. weekly towards the cost of maintenance. Patients will be admitted on this basis strictly in order of application, and only on condition that they can contribute the weekly sum for at least four months, should residence for that period be deemed desirable by the Physician.

6. The length of residence in hospital will depend on the nature of the case. With regard to this the Physician shall be the judge.

7. No case shall be admitted twice within one year.

8. In entering the Hospital, patients agree to conform rigidly to the Rules of the Institution. No patient shall be readmitted if he has once been discharged for breach of Rules.

9. Applications for admission should be made directly at the Dispensary, 26 Lauriston Place, or by letter, addressed to the Clerk and Treasurer, Mr. NORMAN CAIRNS, C.A., 4A St. Andrew Square, Edinburgh.

THE FARM COLONY.

The Farm Colony is established for the behoof and continued supervision of persons who have made a good recovery at the Royal Victoria Hospital, and to whom immediate return to ordinary life might mean relapse.

THE DISPENSARY

26 LAURISTON PLACE.

1. The Dispensary is open for consultation to all necessitous patients suffering from Consumption or allied disease, on Mondays, Wednesdays, and Fridays, at 3 p.m., and to all inquirers regarding the prevention of tuberculosis.

2. Medicines are dispensed *gratis* only to such patients as the Physician ascertains to be in need of such further assistance. A formal charge of One Penny will be made for each prescription so dispensed.

3. Patients shall not receive advice or medicines unless they attend punctually at the appointed hours, which are indicated on the Prescription Form.

The above Regulations are subject to alteration by the Acting Committee.

June 1910.

THE DISPENSARY, 26 LAURISTON PLACE is open for the Reception of Patients on MONDAYS, WEDNESDAYS, and FRIDAYS, from 3 to 4 p.m. ; and for the Dispensing of Medicines Daily (except Sunday), from 10 to 10.30 a.m., and on Mondays, Wednesdays, and Fridays, from 6 to 6.30 p.m.



Patron—HIS MAJESTY THE KING

THE ROYAL VICTORIA HOSPITAL FOR CONSUMPTION EDINBURGH



TWENTY-FIRST ANNUAL REPORT
(1910-1911)

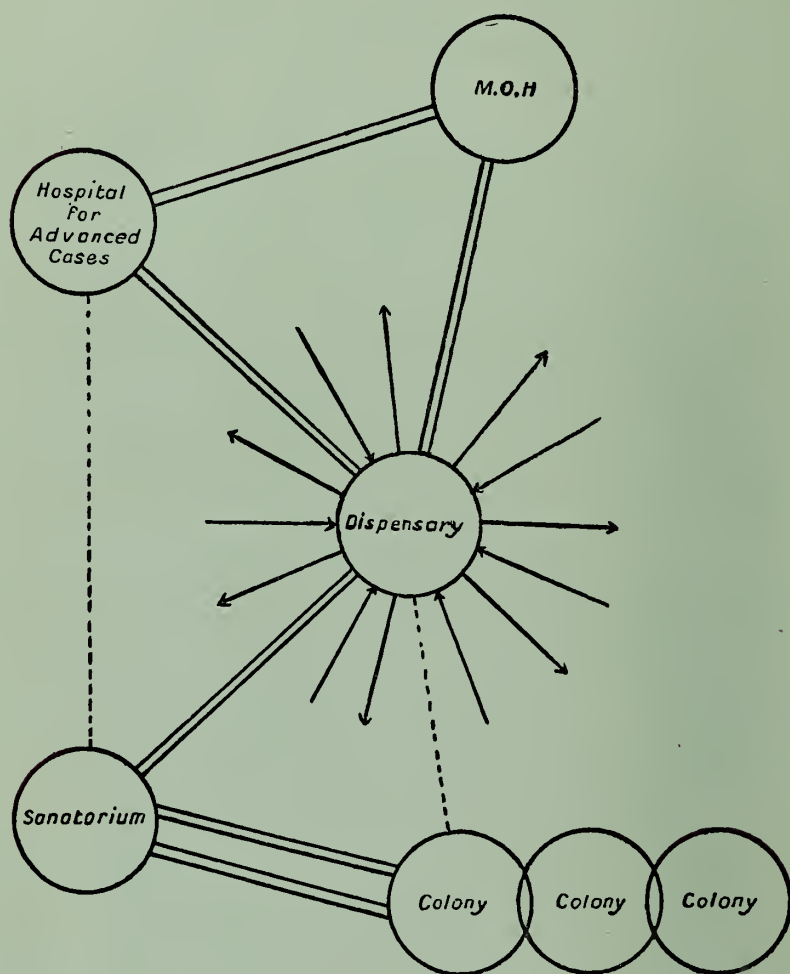
THE HOSPITAL (Craigleith, Edinburgh)

THE DISPENSARY (26 Lauriston Place, Edinburgh)

THE FARM COLONY (Springfield, Lasswade)

About 60,000 Persons die Annually of Consumption in the
United Kingdom.

EDINBURGH ANTI-TUBERCULOSIS SCHEME: GENERAL PLAN.



The Royal Victoria Hospital for Consumption was established in 1887 as a Memorial of Queen Victoria's Jubilee.

"Regulations for Admission of Patients" will be found on third page
of Cover.

TWENTY-FIRST ANNUAL REPORT
(1910-1911)

OF

THE ROYAL VICTORIA HOSPITAL
FOR CONSUMPTION

EDINBURGH

Patron—HIS MAJESTY THE KING.

THE DISPENSARY (26 Lauriston Place).

THE HOSPITAL (Craigleith).

THE FARM COLONY (Springfield, Lasswade).

OFFICE-BEARERS.

President.

SIR ALEXANDER CHRISTISON, Bt.

Vice-President.

SIR ALEXANDER KINLOCH, Bt.

Trustees.

CHARLES COOK, Esq., Writer to the Signet.

Hon. Lord GUTHRIE.

JAMES MYLNE, Esq., Writer to the Signet.

R. R. SIMPSON, Esq., Writer to the Signet.

General Committee.

ARTHUR ALISON, Esq., Advocate, Edinburgh.

* ANSTRUTHER, Sir RALPH, Bt., of Balcaskie, Pittenweem.

* Sir ALEXANDER CHRISTISON, Bt., 40 Moray Place, Edinburgh.

Sir T. S. CLOUSTON, F.R.C.P., 26 Heriot Row, Edinburgh.

* CHARLES COOK, Esq., W.S., Edinburgh.

* DONALD CRAWFORD, Esq., K.C., Edinburgh.

Professor Sir HALLIDAY CROOM, 25 Charlotte Square, Edinburgh.

* GEORGE CRABBIE, Esq., of Blairhoyle, 8 Rothesay Terrace, Edinburgh.

Rev. E. C. DAWSON, St. Peter's Church, Edinburgh.

* The Lady DUNEDIN, 7 Rothesay Terrace, Edinburgh.

* Sir ANDREW H. L. FRASER, K.C.S.I., LL.D., 22 Heriot Row, Edinburgh.

* Hon. Lord GUTHRIE, Edinburgh.

Rev. JAMES HARVEY, Lady Glenorchy's U.F. Church, Edinburgh.

* GEORGE A. CLARK HUTCHISON, Esq. of Eriska, Advocate, Edinburgh.

* Sir ALEXANDER KINLOCH, Bt., of Gilmerton, 5 Forres Street, Edinburgh.

* J. PATTEN MACDOUGALL, Esq., C.B., 39 Heriot Row, Edinburgh.

* C. E. W. MACPHERSON, Esq., C.A., 6 N. St. David Street, Edinburgh.

JAMES MYLNE, Esq., W.S., 10 Ainslie Place, Edinburgh.

* Dr. R. W. PHILIP, F.R.C.P., 45 Charlotte Square, Edinburgh.

* Sir A. OLIVER RIDDELL, D.L., Craiglockhart House, Slateford.

Hon. Lord SALVESEN, Edinburgh.

* R. R. SIMPSON, Esq., W.S., Edinburgh.

* W. GARDNER SINCLAIR, Esq., 29 Royal Terrace, Edinburgh.

WM. C. SMITH, Esq., K.C., Edinburgh.

JOHN WILSON, Esq., K.C., Edinburgh.

HENRY J. YOUNGER, Esq., of Benmore, Argyllshire.

Sir WM. YOUNGER, Bt., of Auchen Castle, Moffat.

Those marked * form the Committee of Management.

Samaritan Committee.

Miss ALISON, 3 Moray Place.
 Mrs. GEORGE CRABBIE, 8 Rothesay Terrace.
 Miss FINLAY DUN, Gorgie House.
 Miss DUNCAN, 12 Learmonth Gardens.
 Miss GUTHRIE, 13 Royal Circus.
 Mrs. L. A. GUTHRIE, The Hollies, Davidson's Mains.
 Miss HANNA, 7 Magdala Crescent.
 Miss ANNE LAMB, 10 Grosvenor Crescent.
 Miss LOWSON, 12 South Learmonth Gardens.
 Mrs. M'BRIDE, 84 Haymarket Terrace.
 Miss L. MACKENZIE, 5 Learmonth Gardens.
 Miss PAULIN, 6 Forres Street.
 Mrs. R. W. PHILIP, 45 Charlotte Square.
 Miss THORBURN, 12 Hermitage Place, Leith.
 Mrs. WALLACE, 40 Drumsheugh Gardens.
 Miss WHITE, 1 Greenbank Terrace.

Honorary Physicians.

R. W. PHILIP, M.D., F.R.C.P.
 G. L. GULLAND, M.D., F.R.C.P.

Honorary Surgeon.

DAVID WALLACE, C.M.G., M.B., F.R.C.S.

Assistant Physician.

W. LESLIE LYALL, M.B., M.R.C.P.

Clinical Assistants at the Dispensary.

NORMAN S. CARMICHAEL, M.B., Ch.B., M.R.C.P.
 JOHN D. COMRIE, M.B., Ch.B., F.R.C.P.
 LEWIS H. F. THATCHER, M.D., M.R.C.P.

Resident Physician.

PETER ALLAN, M.B., Ch.B.

Dental Surgeon.

J. FINLAYSON, L.R.C.P. & S.E., L.D.S.

Pathologist.

JAS. MILLER, M.D., F.R.C.P.

Lady Superintendent.

Miss GUY.

Medical Superintendent of Farm Colony.

A. H. MACPHERSON, L.R.C.P.E., L.R.C.S.E.

Auditor.

EDWARD BOYD, C.A., 6 Darnaway Street, Edinburgh.

Honorary Secretaries.

WALLACE & GUTHRIE, W.S., 1 North Charlotte Street, Edinburgh.

Clerk and Treasurer.

L. B. BELL, C.A., 42 Castle Street, Edinburgh.

Patron.

HIS MAJESTY THE KING.

Patrons and Patronesses and Lady Presidents of Country Auxiliaries.

THE EARL OF ABERDEEN.
THE LADY MARY HOPE.

RIGHT HON. LORD KINNEAR.
HON. LORD KYLLACHY.

Aberdeenshire—Mrs. FARQUHARSON of Houghton, Netherton, Meigle.

Arbroath—Mrs. LINDSAY CARNEGIE, Kimblethmont.

Ardrossan—The COUNTESS OF EGLINTON, Eglinton Castle.

Argyllshire—Mrs. MALCOLM of Poltalloch.

Auchtermuchty—Mrs. FAIRLIE, Myres Castle.

Bonkyl and Ednam—Mrs. SANDYS LUMSDAINE, West Blanerne.

Caitness-shire—The DUCHESS OF PORTLAND, Langwell.

Clackmannanshire—The COUNTESS OF MAR AND KELLIE, Alloa House.

Dalkeith—The MARCHIONESS OF LOTHIAN.

Duns—The Hon. LADY MILLER, Manderston.

Forfarshire—The COUNTESS OF STRATHMORE, Glamis Castle.

Humbie—The Hon. Mrs. SCOTT, Humbie House.

Jedburgh and District—ALEX. WADDELL, Esq., Palace.

Kinross-shire—Mrs. REID, Thomanean.

Kirkliston—Mrs. HOG, Newliston.

Kirknewton—Mrs. HAMILTON, Cairns.

Linlithgow—Mrs. MELVILLE, Lochcote House.

Linlithgowshire—The MARCHIONESS OF LINLITHGOW.

Melrose—The COUNTESS OF DALKEITH, Eildon Hall.

Muthill—Miss SPIER, Culdees Castle.

Newport—Miss LENG, Kinbrae.

Orkney and Shetland—The COUNTESS OF ZETLAND, Kerse House, Falkirk.

Peeblesshire—Mrs. THORBURN, Glenormiston.

Pencaitland—The Hon. Mrs. HAMILTON OGILVY, Winton Castle.

Pitlochry—Mrs. MACBETH, Bank of Scotland House.

Pittenweem—LADY AVA-CAMPBELL, Gibliston.

Ross-shire—LADY MARJORY MACKENZIE of Gairloch.

St. Boswells, Mertoun, and Bowden—Miss M. T. BAILLIE, Dryburgh House.

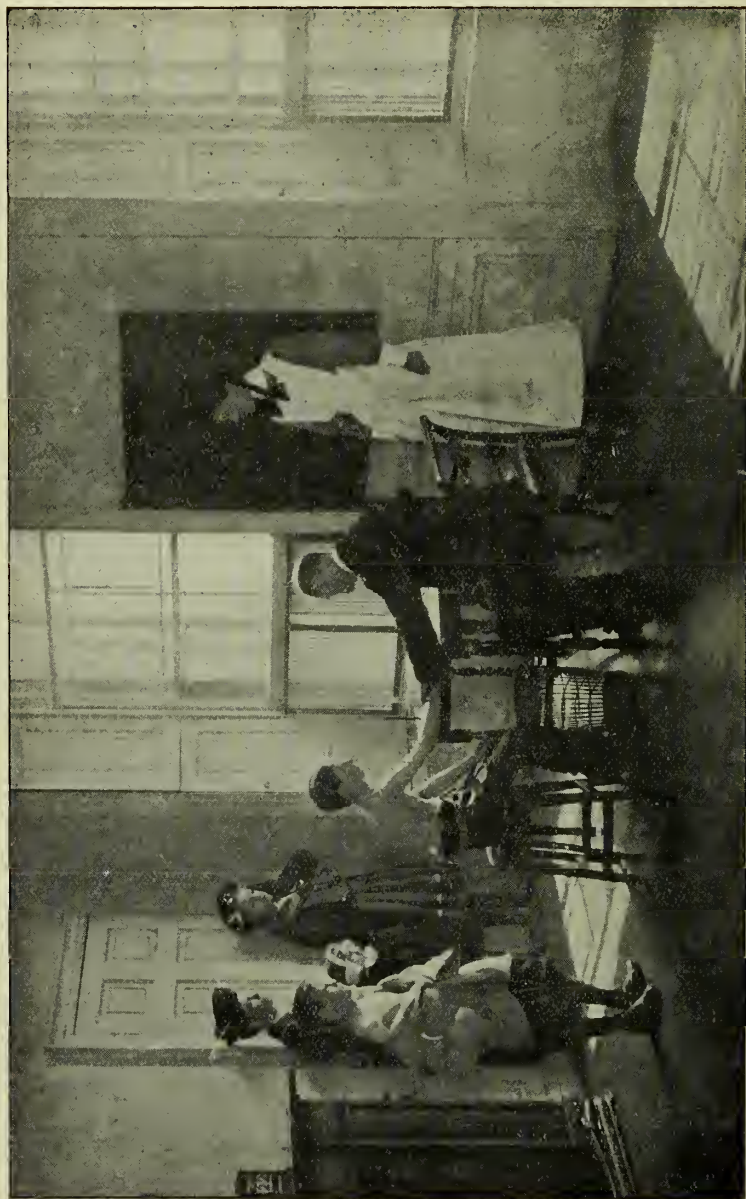
Stow—Miss MILROY, Torsonce.

Sumburgh (Shetland)—Mrs. BRUCE.

Sutherlandshire—The DUCHESS OF SUTHERLAND, Dunrobin Castle.

HONORARY COLLECTORS—EDINBURGH.

- Alexander, Miss M., 17 Whitehouse Loan.
 Alison, Miss, 3 Moray Place.
 Allan, Miss A. F., Bank House, 112 Morningside Road.
 Anderson, Miss J. N., 6 East Savile Road.
 Brewis, Miss, 6 Drumsheugh Gardens.
 Brook, Miss K., 21 Chalmers Street.
 Buchan, Mrs., 6 North-East Circus Pl.
 Buchanan, Miss, 3 Oswald Road.
 Cairns, Miss, 18 Greenhill Place.
 Cairns, Miss K. M., do.
 Carrie, Miss, 43 Fountainhall Road.
 Campbell, The late Miss, 8A Pitt St.
 Chalmers, Miss, 23 Magdala Crescent.
 Christie, Miss, 9 Ravelston Park.
 Croal, Miss H., Fordoun, Primrose Bank Road.
 Dawson, Miss P., 24 Royal Terrace.
 Dewar, Miss, 36 St. Leonard's Street.
 Dickson, Miss N. J., 18 Palmerston Place.
 Dickson, Miss T., 13 Osborne Terrace.
 Drysdale, Miss J. T., 70 Pilrig Street.
 Dun, Miss, Gorgie House, Gorgie.
 Ewart, Miss, 8 Stirling Road.
 Fairbairn, Miss M. R., Ferndale, 88 Dalkeith Road.
 Ferguson, Miss H., 8 Blantyre Terrace.
 Finlayson, Miss M. G., 8 Thirlestane Road.
 Fraser, Miss, Beaufort, Newhaven Rd.
 Grant, Miss, 195 Newhaven Road.
 Gray, Miss, Linthorpe, Craighall Road.
 Gray, Miss, 33 Hermitage Gardens.
 Guthrie, Miss, 1 West Castle Road.
 Harley, Miss, 45 South Clerk Street.
 Harvey, Mrs., 11 Cobden Crescent.
 Hastie, Miss, 6 Bonaly Place.
 Hogg, Miss, 15 Pitt Street.
 Hunter, Miss J., 7 Scotland Street.
 Hunter, Mrs., 100 Warrender Park Rd.
 Jackson, Miss, 5 Wester Coates Avenue.
 Landale, Miss, 25 Belgrave Crescent.
 Lawson, Miss, 5 Rosslyn Terrace.
 Legget, Miss, 2 Ravelston Terrace.
 Lumsden, Mrs., 23 Ladysmith Road.
 Macaulay, Miss, 7 Torphichen Street.
 M'Carthy, Miss, 31 Stafford Street.
 Machugh, Miss, 69 Morningside Drive.
 Mackenzie, Miss, 5 Learmonth Gardens.
 Madden, Miss, 4 Barclay Terrace.
 Marshall, Miss E. L., Hollywood, Canaan Lane.
 Morton, Miss, 35 Inverleith Row.
 Muir, Miss, 8 Greenbank Terrace.
 Munro, Miss, 34 Findhorn Place.
 Murray, Miss M., 23 Mayfield Terrace.
 Nasmyth, Miss, 27 Palmerston Place.
 Newton, Miss, 3 James Place, Leith.
 Niven, Miss, 21 Upper Gilmore Place.
 Pool, Mr. George, 28 Springwell Pl.
 Reid, Miss, 5 Ravelston Park.
 Rendall, Miss, Daisy Bank, Trinity Rd.
 Richard, Miss Miller, 17 Eglinton Crescent.
 Ross, Miss M. E., 6 E. Fettes Avenue.
 Rowe, Miss, 19 Great Stuart Street.
 Runciman, Miss Beatrice, 9 St. Fillan's Terrace.
 Sherriff, Miss, 29 Palmerston Place.
 Smith, Miss, 47 Lauder Road.
 Somerville, Miss, 47 Cluny Gardens.
 Spence, Miss Evelyn C., The Holmes, Granton Road.
 Stechan, Miss, 6 Lilyhill Terrace.
 Stevenson, Miss, 18 Gillespie Crescent.
 Symington, Mrs., 20 Ryehill Place.
 Taylor, Miss, 6 Kilgraston Road.
 Toshach, Miss, 9 St. Leonard's Bank.
 Walker, Miss, 31 Stirling Road.
 Watt, Miss, 20 Moston Terrace.
 White, Miss, Springbank, Ferry Road.
 Whyte, Miss, 1 Cameron Park.
 Wight, Miss, 14 Duke Street.
 Wilson, Miss, 32 Warriston Crescent.
 Wise, Miss, 19 Manor Place.



ROYAL VICTORIA DISPENSARY: "MARCH PAST" OF HOUSEHOLD, TO DETECT EARLY CASES.

THE TWENTY-FIRST ANNUAL REPORT

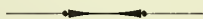
OF THE

COMMITTEE OF MANAGEMENT

OF

The Royal Victoria Hospital for Consumption, Edinburgh,

For the year ending 31st March 1911.



THE Committee of Management have pleasure in submitting the Twenty-first Annual Report.

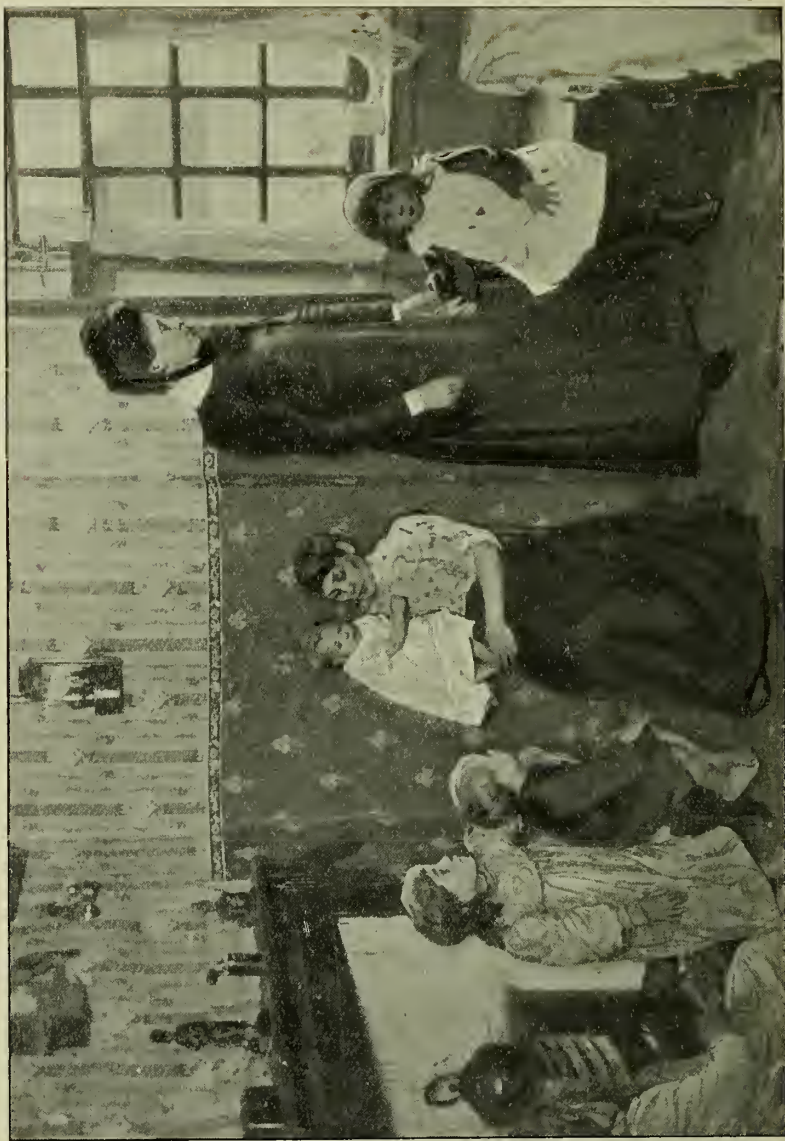
ROYAL PATRONAGE.

The Committee have the gratification to record that His Majesty King George has graciously continued the Royal Patronage which was accorded to the Hospital by the late King Edward. In acceding to the request of the Committee that he should be Patron of the Institution, the King gave expression to his deep interest in all the activities which it represents.

THE ANTI-TUBERCULOSIS SCHEME.

The Committee would recall that this Report is not that of a single institution, but is a collective report embracing the work of a group of institutions which have been established around the original Victoria Dispensary, and which are linked together in what is now generally known as the Edinburgh Anti-Tuberculosis Scheme.

The strength of the Edinburgh scheme lies in the recognition of the extremely varying manifestations and wide



FIRST VISIT OF CONSUMPTION DISPENSARY NURSE TO AN INFECTED HOUSE.

ramifications of tuberculosis throughout the community, and in the corresponding adaptation of preventive and curative measures. The scheme includes the Tuberculosis Dispensary, the Sanatorium (Royal Victoria Hospital), and the Farm Colony. These are in close correspondence with the Public Health Department, and the Hospital for Advanced Cases, which is maintained by the municipality.

The anti-tuberculosis organisation which has thus been created, deals with the problem of tuberculosis in large and thorough fashion.

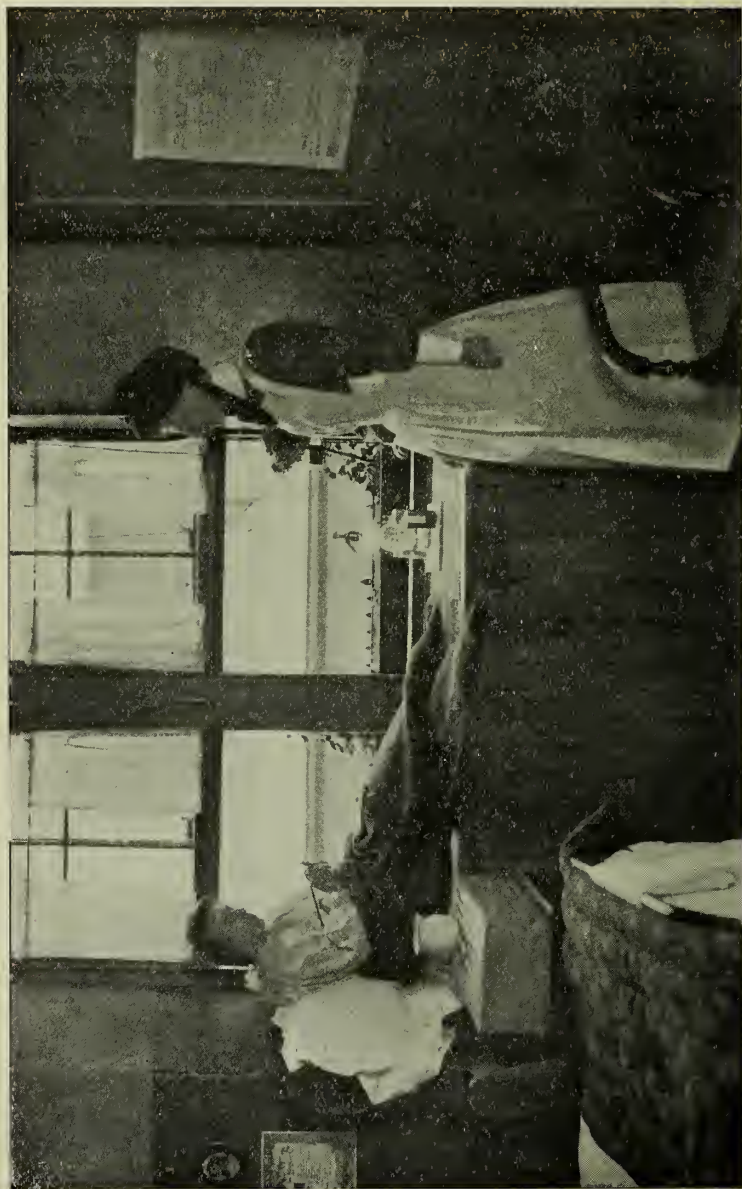
THE DISPENSARY.

The grand purpose of the Dispensary is, that not a single case of tuberculosis shall remain undetected and uncared for, and that not a single dwelling in which tuberculosis has occurred shall escape attention.

The Dispensary is a receiving-house for patients suffering from tuberculosis and allied conditions, who come of their own free will or are directed thither by doctors, hospitals, benevolent agencies, health visitors, employers, clergymen, etc. The Dispensary is the centre of diagnosis and guidance in all such cases.

The Dispensary forms the centre of treatment and guidance for such tuberculous patients—they form the majority in every centre—as are fit to work, who do not need institutional treatment and who may live at home. In all such cases the home is visited by doctors and nurses, and, where necessary, reformed. The treatment is provided on the most modern lines. Tuberculin is freely used in suitable cases. Housewives, who are unfit physically and too poor to obtain other help for the cleaning of the home, are assisted by charwomen retained for the purpose, who have themselves been patients of the Dispensary and who are therefore trained in hygienic methods.

By means of the systematic “march past” of all members of the infected household, cases of tuberculosis are detected at the earliest possible moment. As many as



CONSUMPTIVE'S HOME UNDER THE CARE OF THE DISPENSARY NURSE.

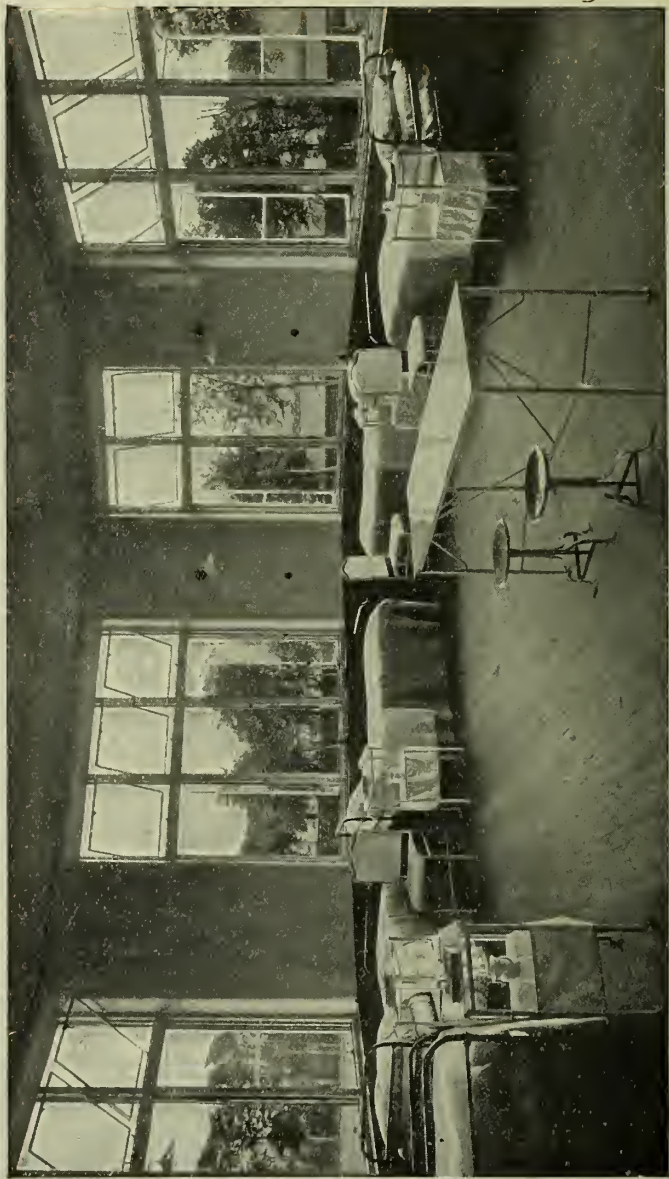
six, nine, and even fourteen cases have been determined in the same family connection as the result of the initial visit of one patient, followed by domiciliary investigation.

The Dispensary serves as a clearing-house for the varying types of tuberculous patients. It assorts and distributes the patients who require institutional treatment, *e.g.* to the Sanatorium in incipient stages, or to the Hospital for Advanced Cases. The specialised knowledge and experience of the Dispensary Officers secures that the selection and distribution will be effected on sound lines.

As the Dispensary was the developmental centre from which have arisen the Sanatorium, the Farm Colony, etc., so the Dispensary remains the connecting link in the system. In this fashion the history of the patient can be followed from point to point, and the result of treatment satisfactorily gauged and recorded.

The Dispensary has now amassed a great collection of facts and statistics regarding the distribution of tuberculosis. It constitutes a register-house where a complete directory of tuberculosis is coming gradually into being. The facts and statistics which accumulate from day to day are of first importance in the interest of the public health.

The results of this varied activity are abundantly evident. The type of case coming to the Dispensary for the first time is quite different from what it used to be in the early days of the Dispensary. Then the patients with advanced disease presented themselves frequently. Happily these are now rarely seen, being occasionally discovered in the systematic "march past" of the households. In this way the hidden source of infection in a home is unexpectedly revealed. A walk through the poorer parts of the city, or, still better, a pilgrimage with one of the Dispensary nurses among the homes, shows in most striking fashion the remarkable reformation which has been achieved. Light, air, and cleanliness abound in countless dwellings where not so very long ago darkness, unwholesomeness, and disease reigned. The Tuberculosis Dispensary has achieved a re-creation of the home and the household in innumer-



Marshall Wane & Co., Photographers.
INTERIOR OF PAVILION SHOWING ARRANGEMENT OF BEDS IN RELATION TO OPEN WINDOWS.

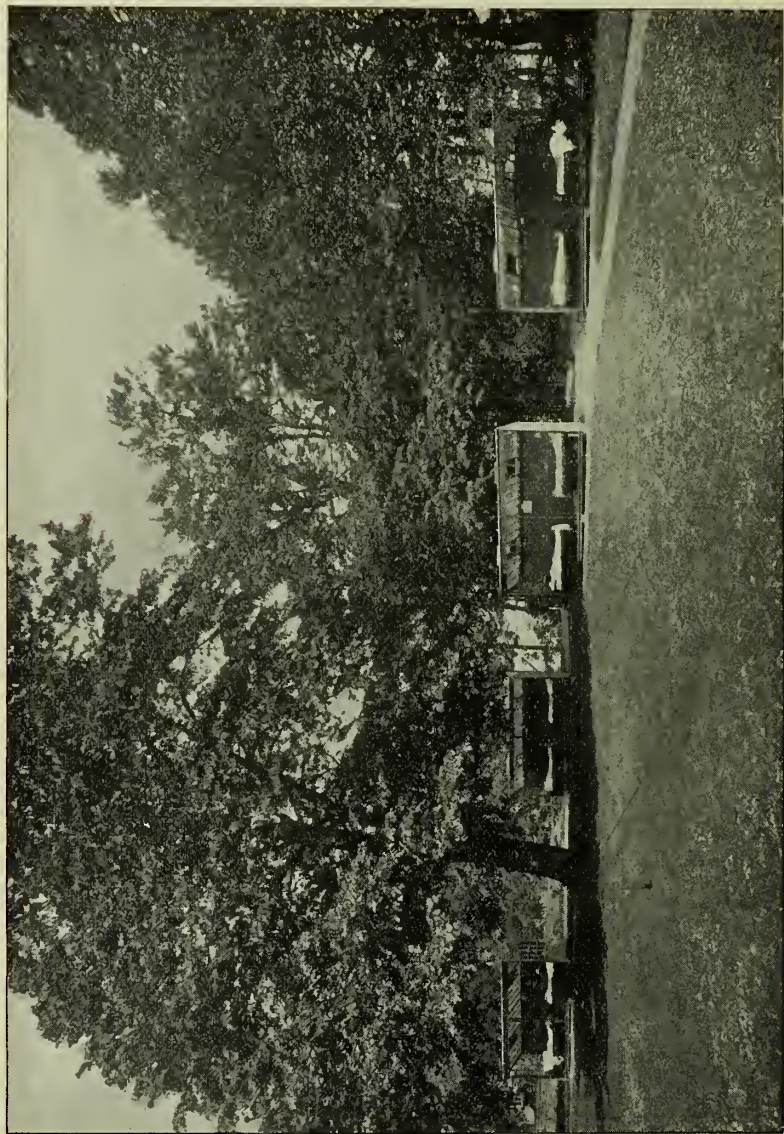
able cases. This is the way to set about an effective solution of the tuberculosis problem.

The Committee are happy to announce that the co-operation between the Dispensary and the Public Health Department of the city, which has been already foreshadowed, has developed into a satisfactory working arrangement, whereby all the results and records of the Victoria Dispensary which have accumulated during the past twenty-four years, and which are daily being added to, are made available to the Medical Officer of Health. In return for this the municipality have agreed to make an annual contribution of £450 towards the working expenses of the Dispensary. The Committee have resolved that this sum shall not form a deduction from their liabilities, but shall be used entirely to develop and increase its various activities. Already they have in view a transference of the Dispensary to a larger site, where it will be possible to achieve the much needed extension. In like manner the Committee have rearranged and added to the Medical Staff of the Dispensary, and have promoted Dr. Lyall, who has long been clinical assistant, to the office of Assistant Physician, and have appointed three new clinical assistants, to each of whom a portion of the city has been specially assigned. The Staff has been further increased by the addition of two nurses. In these and other directions there has been a considerable gain in efficiency.

During the year the doctors have paid 2242 visits to patients at their homes, and the nurses have paid 5273 visits. At the Dispensary laboratory the diagnosis of tuberculosis was confirmed by bacteriological examination in 447 cases. Under the system of compulsory notification 465 patients were notified by the Dispensary to the Medical Officer of Health of Edinburgh, and 82 to the Medical Officer of Health of Leith. Examples of the Dispensary's activities will be found on pp. 41, 42.

THE HOSPITAL OR SANATORIUM.

The Hospital is recruited with patients who have either been selected at the Dispensary or sent from other parts



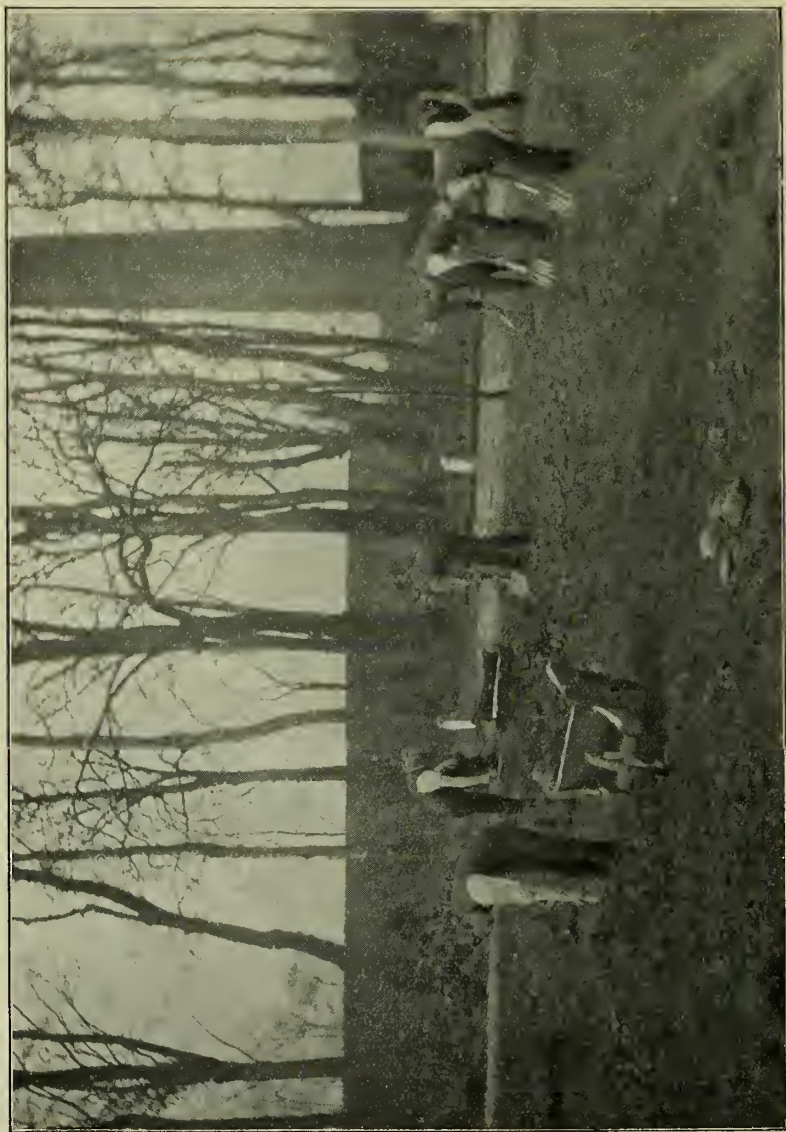
OPEN-AIR SHELTERS, AS ARRANGED FOR NIGHT USE.

of the country, and have been approved as suitable for admission. In the case of the latter group there still remains the old difficulty that patients are recommended in too advanced stages of illness. The difficulty is less than it used to be, which indicates a growing appreciation of the value of early diagnosis and treatment. There remains, however, a good deal to be desired.

The Hospital serves the double function, first, of curing patients ; second, of educating many persons in self-treatment. The first of these, namely, the cure of patients, continues to be most satisfactory. Patients are retained for whatever length of time is necessary to ensure a permanent arrest of disease. Approximately seventy-five per cent. of those who remain sufficiently long make a good recovery. When still more prolonged supervision is necessary, they are sent to the Farm Colony. (See pp. 19, 43, and 44.)

The more strictly educational aspect has been taken advantage of specially in the interests of the patients sent through the Medical Officer of Health under the arrangement come to between the Town Council of Edinburgh and the Committee of Management. Ten patients, selected by the Medical Officer of Health, and approved by the Physicians of the Hospital, are always in residence, each patient remaining for a period of three months. While this time is too short to ensure permanence of cure, it is long enough to let the patient see what he must do, and what he must avoid, if he is to get well. The educational influence on himself and on other members of his household is great. The arrangement has worked excellently. It is significant to know that almost every patient who has come to the Hospital under this arrangement has progressed favourably. More than half have been put well on the way to complete recovery. In some instances it has been found possible to complete this by direct transference to the Farm Colony.

Up to date, 1870 resident patients have been under treatment in the Hospital. To this number fall to be added 302 patients who have come to the Hospital as "Visitants"—spending their day under the Hospital régime and returning home to sleep. All patients, resident and



AT THE HOSPITAL : GRADED ACTIVITIES.

visitant alike, are subjected to the Hospital scheme of treatment, which has been so often described, advancing gradually from perfect rest on open air lines to the highest degree of muscular activity. (See p. 31.)

DENTAL DEPARTMENT.

Since the foundation of the Dispensary and Hospital, the greatest care has been bestowed on the teeth of the patients. The significance of the mouth, teeth, and throat as avenues of infection has been always emphasised. Till recently, through the courtesy of the Dental Hospital, an arrangement existed whereby patients of the Royal Victoria Hospital were sent there for treatment as might be necessary. Excellent as this arrangement had proved, the Committee resolved that the matter was of such importance that they should create a special dental department at the Royal Victoria Hospital. This has now been completed, and has been placed under the capable direction of Mr. J. Finlayson, L.R.C.P. & S.E., L.D.S. The teeth of every patient are carefully scrutinised, and all needful treatment undertaken on the spot. A careful toilet of the mouth has been associated with that of the throat.

THE TUBERCULOSIS SCHOOL.

The school for tuberculous children within the grounds of the Hospital continues to prove an admirable success. The child is treated in the same way as the adult, in the sense that, while at first kept at perfect rest, it is gradually allowed to take up the natural occupations of growing childhood. School lessons are adapted to its age and progress. Lung gymnastics and other exercises are practised, and an interest is created in gardening and outdoor life. This simple education has proved most beneficial. The progress toward recovery is definitely hastened by the mental activity. Physical recovery and mental development go hand in hand in striking fashion. Without exception every child has done well. In place of the



AT THE HOSPITAL: ROAD MAKING.

waste of time which tuberculous illness would otherwise have caused, the period of residence is profitably employed in the interest of education.

It was on this account that the Committee approached the School Board of Edinburgh with the proposal, that the School Board might co-operate with them by providing two or more teachers, so that the teaching, while remaining under the hygienic conditions of the Hospital, might be run on rather more formal lines. This would have the advantage that the child, on return to the ordinary school after six or twelve months, or even longer, might readily pick up on the other children.

The Committee regret that the School Board have—by a small majority—not seen their way to fall in with a practical and inexpensive proposal made in the interest of the children and the School Board alike. The Committee will continue the Tuberculosis School as before, supplying training in the various departments through the voluntary services of the patients, the hospital staff, and friends. They are gratified to find that the School has awakened much interest in many quarters, as evidenced by the number of visitors and enquiries, and by the fact that its methods have been adopted and elaborated in London and other centres,—in some cases in formal co-operation with the education authorities.

THE FARM COLONY.

The great value of the further extension of activity in the Farm Colony has been fully proved in the experience of the first year. The Colony has been suitably arranged, and a number of cured patients have been transferred as colonists in training.

As was anticipated, the transference from the Hospital has been attended with excellent results. The cure, already completed or almost attained at the Hospital, has been confirmed. The colonists have had fresh interest added to life in the varying occupations at the Farm. Each is taught how to look after himself domestically, on simple, sane lines. Each has the chance of learning the different



AT THE FARM COLONY: BUNCHING FLOWERS FOR THE MARKET

departments of farm life,—gardening (flowers and vegetables), ploughing, sowing, reaping, how to rear chickens and pigs, and how to market farm produce advantageously.

From the economic point of view, the practical results have been satisfactory. Everything has done well. The vegetables, flowers, and livestock have yielded good return. The Colony and the Hospital have been supplied. Excellent additional markets have been attained in Edinburgh, and these can be greatly enlarged as the produce increases. While the first year has necessarily been in part tentative and experimental, the financial return has exceeded expectations. There is reason to anticipate that in a year or two the Farm Colony will pay expenses. Each year thereafter it is hoped that the turnover will not only meet expenses but will admit of wider developments. The successful development of the Farm Colony is largely due to the skill and organising ability of Dr. Macpherson, whose appointment as Medical Superintendent was mentioned in last Report. He has proved himself a capable and loyal interpreter of the purposes of this extension of the anti-tuberculosis scheme.

It is of interest that already several colonists have completed a full year of probation and training, and have, as healthy, educated men, obtained suitable posts elsewhere. There is little doubt that, just as excellent markets have opened up for the produce, there will be a similar demand for men and women who have been fortunate in obtaining the training which the Farm Colony affords.

OFFICE-BEARERS.

Two members of the Committee have retired this year, namely, Mr. James Mylne, W.S., and Brigade-Surgeon Lieutenant-Colonel Arnott. Both these gentlemen have for long helped the Hospital in many ways. The Committee will miss their counsel and assistance, but are happy to have the assurance that their interest in the Hospital and the movement is unabated. Fortunately Mr. Mylne continues as one of the Trustees of the Hospital. The



AT THE FARM COLONY: SELECTING SEED POTATOES.

vacancies thus produced on the Committee have been filled by Sir Andrew Fraser, K.C.S.I., and Mr. C. E. W. Macpherson, C.A.

The Hospital has sustained a sad loss in the death of Mr. Norman Cairns, C.A., who for nine years filled the post of Clerk and Treasurer. Mr. Cairns took a keen interest in everything which concerned the welfare and advance of the institution. He will long be missed by those who knew his business worth and personal charm. To the post thus rendered vacant the Committee appointed Mr. L. B. Bell, C.A., to whom they look with confidence to continue the excellent services given by his predecessors.

SAMARITAN COMMITTEE.

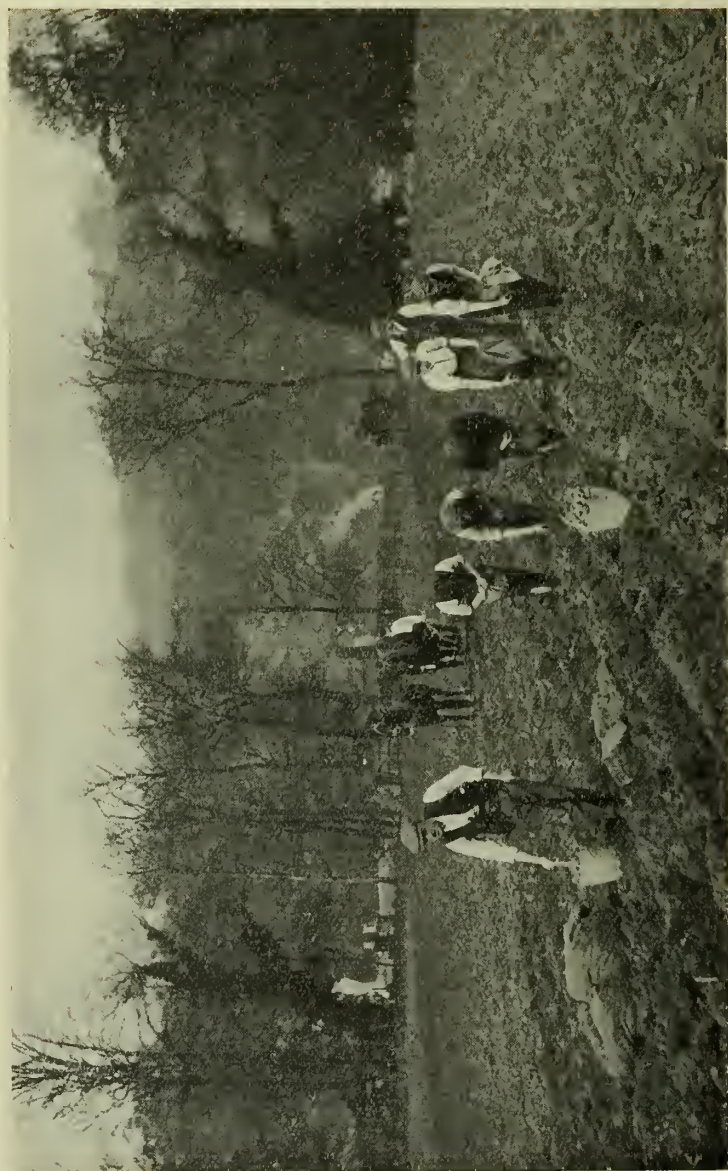
The Samaritan Committee have maintained their beneficent mission in the supervision of patients from the economic point of view. The cases which come before the Committee are selected by the Assistant-Physician or Visiting Nurse, because of financial difficulty or on similar ground. The Committee meet fortnightly, when reports are submitted regarding the old cases, and new patients deserving of attention are considered and distributed for visitation. The Committee make a point of acting in co-operation with existing charitable agencies, both church and lay, and more particularly with the Charity Organisation Society.

Cases illustrative of the work of the Committee will be found on pages 44 and 45.

Donations to the Samaritan Committee, either in money or in kind (clothing, blankets, etc.), will be most gratefully received. Parcels of such contributions will be called for on intimation to the Officer at the Dispensary.

REVENUE.

The Committee have endeavoured to ensure rigid economy in every department. They are happy to report a diminution in the cost per patient of £3, 5s. 7d. during the year. Notwithstanding this, there remains an excess of



AT THE FARM COLONY: PLANTING POTATOES.

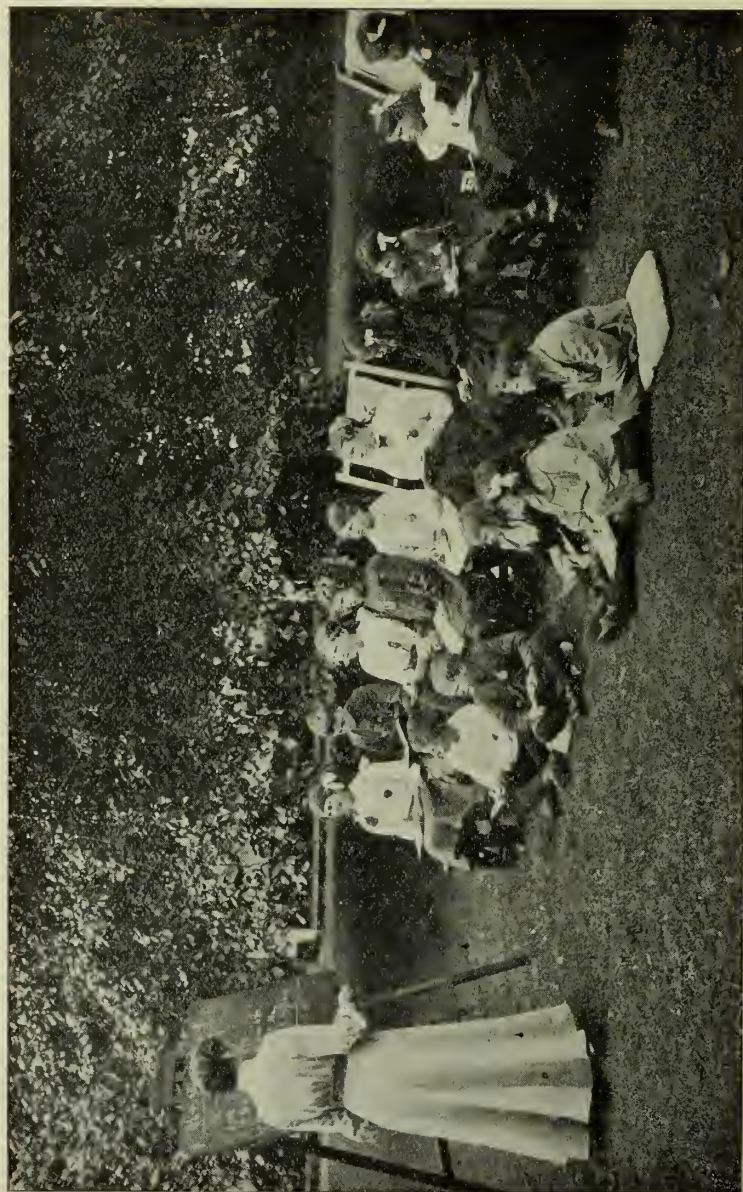
ordinary expenditure over income of £2090, os. 8d. The Committee are satisfied that not a penny has been wasted, and much more is needed. They would earnestly renew their appeal to present subscribers for increase in their subscription, and to persons who have not yet subscribed to become subscribers.

VOTES OF THANKS.

The Committee beg to convey their best thanks to the many kind donors who, in one or other way, have supported the Institution and thus lightened the suffering of the consumptive poor, and helped to reduce the amount of disease in the community. The subscriptions and donations are acknowledged on pp. 49-111. They are grateful to all friends who have visited the Hospital and who, from time to time, have contributed to the entertainment of the patients. They are grateful to the ladies and gentlemen forming the local auxiliaries of this national Institution. They offer their best thanks to the members of the medical staff and other office-bearers, the lady superintendent, nurses, members of the Samaritan Committee, and lady collectors. They are specially indebted to the clergymen of the various churches who, on Sundays and during the week, have most willingly ministered to the patients.

In name of the Committee of Management,

A. CHRISTISON,
President.



THE OPEN-AIR SCHOOL.

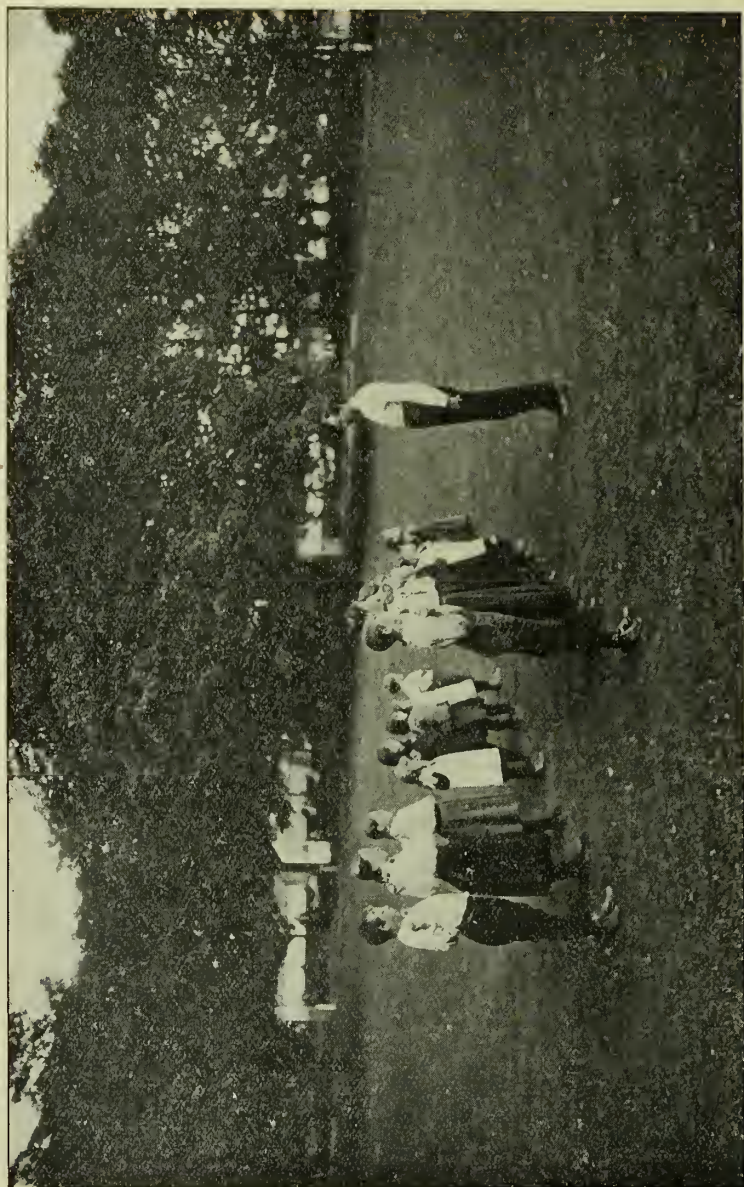
APPENDIX I.

 SCHEDULE OF INQUIRY REGARDING
DISPENSARY PATIENTS.

<i>No. in Ledger.....</i>	<i>Date of Report.....</i>
Name?	Age?
Address?	Married or single?
Occupation?	Has patient changed occupation?
Able to work full time?	Or part time?
If unable, confined to bed?	
How long ill?	
Situation of house (area, ground floor, 1st, etc.)?	
Number and ages of inmates?	
Number and description of rooms?	
General aspect of house (clean, damp, dusty, smelly)?	
Number of windows?	Can they open?
Are they kept open (a) by day?	
(b) by night?	
Have they always been kept open?	
Does patient sleep alone (a) in bed?	
(b) in room?	
How is washing of clothes done?	
How long in present house?	
If has moved within two years, previous addresses?	
Have there been illnesses or deaths in house?	
(a) In own time?	
(b) In previous occupancy?	
Exposed to infection (a) at home?	
(b) at work?	
(c) among friends?	
Present health of other members of household?	
What precautions taken to disinfect?	
T. B. in sputum?	
T. B. in dust of room?	
General dietary?	Teetotal?
General condition (well-to-do, badly off)?	
Proximate income of household?	
Assisted by societies, church, friends, rates?	

Signed.....Reporter.

.....Medical Officer.



RESPIRATORY DRILL.

APPENDIX II.

RULES FOR CONSUMPTIVE PATIENTS AND THOSE LOOKING AFTER THEM.

*(As issued to Patients at The Royal Victoria Hospital
and Dispensary.)*

Consumption is a communicable disease. It may pass from person to person. It may pass from one lung to the other, or from one organ to another.

The chief source of infection is the expectoration of the consumptive. The great danger lies in the drying of the expectoration, and the blowing about of the dried infectious material.

The spread of consumption can be largely prevented. *If the succeeding directions be obeyed, there need be no serious danger in ordinary intercourse with patients. The breath of the consumptive is not directly infectious.*

The patient should expectorate into a jar or cup containing a tablespoonful of carbolic acid (1 to 20) or other disinfectant.

The vessel should be changed once in twelve hours, or oftener. It should be cleansed by being filled up with *boiling* water. The combined contents should be poured down the w.c. The vessel should then be washed with *boiling* water.

When the patient is out of doors, he should carry a pocket spitting flask (such as The Royal Victoria Hospital model). The flask should be used and cleansed like the jar. The patient should never spit on the streets.

The patient should not use handkerchiefs for expectoration. If this ever has to be done, the handkerchief should be of an inexpensive material, that it may be burned after use. Squares of rag or paper, which may be used for convenience, should be similarly treated.

The expectoration should on no account be swallowed, for thereby the disease may pass to other organs.

Consumptive patients should avoid kissing.

Consumptive mothers should not suckle.

Patients with pronounced disease should have special table utensils.

If expectoration has been accidentally deposited on the floor or other object, it should be wiped up and burned, and the surface of the object cleansed with strong antiseptic.

Rooms which have been long occupied by a consumptive patient should, before occupation by someone else, be carefully disinfected, as after other infectious disease.

FRESH AIR is the *food of the lungs*. Therefore, see that the lungs be not starved.

A.—By Day.—The patient should occupy as airy a room as possible. It must be scrupulously dry, and preferably removed from the ground. *The window should be freely open.* When able, the patient should be out of doors once or several times during the day. He must *avoid over-effort*, and damp, or chill, which would counteract the benefit.

B.—By Night.—He should sleep alone. The bedroom should be large and airy. *The window should be kept freely open in all weathers.*

Copies of these, on card, can be had for distribution, price 2s. 6d. per 100, on application to the Physician, The Royal Victoria Hospital for Consumption, Edinburgh.

APPENDIX III.

SCHEME OF PHYSICAL TREATMENT.

Physical Treatment is an important element in the régime of the Royal Victoria Hospital for Consumption. It is arranged in graduated stages.

On admission, each patient is placed at complete rest. During this stage, in addition to minute examination of every organ, the patient's general condition is carefully observed. According to the estimate which is made, the length of the resting period is fixed. Thereafter, in the absence of contra-indication, the patient is gradually advanced through the other stages, according to his or her physical condition. The nature and amount of activity are definitely prescribed just like drug treatment. The dose is increased or diminished as the temperature chart, pulse-rate, and other indications suggest. A coloured badge (see below) is assigned to the patient in accordance with the stage reached.

I. RESTING STAGE.

White
Badge.

On admission to the Hospital all patients are prescribed complete rest, lasting from a few days to several weeks, according to the individual case.

II. STAGE OF REGULATED EXERCISES.

This includes—

1. Walking varying distances, from $\frac{1}{4}$ to 5 miles—(a) on the level; (b) on sloping ground.
2. Various respiratory exercises once or twice a day.
3. Other forms of movements to improve carriage of shoulders, head, chest, etc.

Yellow
Badge.

III. STAGE OF REGULATED WORK.

The work is chosen with a view to utility and with due regard to the patient's individual case, and to his past trade. This stage is subdivided into four grades (*A*, *B*, *C*, *D*).

GRADE *A*.

Light Blue
Badge.

Picking up papers, leaves, and other light rubbish in the grounds.

Knitting. Sewing. Drawing.

GRADE *B*.Green
Badge.

Emptying garden waste-boxes, and assisting to carry away rubbish.

Carrying light baskets for various gardening purposes.

Light painting work (gates, fences, furniture, etc.).

Wiping shelters. Setting tables, and laying cloth in patients' dining-room.

Cleaning silver.

Cleaning brasses, towel-rails, and taps.

GRADE *C*.Dark Blue
Badge.

Raking. Hoeing. Mowing. Sweeping leaves.

Drawing two-wheeled barrow with assistance.

Other gardening jobs requiring a similar amount of exertion.

Heavier painting work.

Sweeping shelters. Scrubbing floors.

Cleaning boots. Cleaning knives.

Assisting in laundry (folding clothes, etc.).

Washing and drying dishes.

GRADE *D*.Red
Badge.

Digging. Sawing.

Carrying heavy baskets for various gardening purposes.

Wheeling and drawing full wheel-barrow, and other heavy gardening work.

Drawing bath chair.

Bathing other patients.

Mangling. Window cleaning.

Polishing floors. Sweeping and cleaning courtyard.

Carpentering. Joinering.

Attending boiler. Engineering.

N.B.—In Grades *B*, *C*, and *D*, patients make their own beds and go errands if necessary.

MEDICAL STATISTICS.

I. HOSPITAL—INDOOR PATIENTS.

Since the date of opening, 1870 resident patients have been under treatment in the Hospital.

In addition to these, 302 visitant patients have attended the whole day at the Hospital, thus receiving the benefits of the régime and treatment, and returning to their own homes at night.

Thus—

Resident Patients	1870
Visitant Patients	302
	<hr/>
	2172

TABLE I.—SHOWING OCCUPATIONS OF PATIENTS SINCE OPENING OF HOSPITAL.

Artists	1	Clerks	145
Asylum Attendants	1	Coal Merchants	1
Auctioneers	1	Coal Trimmers	1
Bakers	14	Commercial Travellers	22
Bar Attendants	3	Confectioners	4
Barbers	7	Cooks	8
Bill Inspectors	1	Coopers	5
Billiard Markers	1	Crofters	3
Black Borderers	1	Custom's Officers	1
Blacksmiths	14	Dairymaids	2
Boilermakers and Riveters	4	Dairymen	3
Bookbinders and Folders	17	Decorative Artists	1
Bookkeepers	3	Domestic Servants	150
Booksellers	4	Drapers	16
Bottlers	2	Draughtsmen	5
Brassfinishers	7	Dressmakers and Milliners	60
Brassfounders	5	Dyeworkers	4
Brewery Workers	3	Electricians	8
Brick Kiln Setters	2	Electrotype Finishers	2
Bricklayers	2	Engineers	38
Builders	2	Engravers	2
Butchers	7	Envelope Folders	4
Butlers	5	Factory Hands	39
Cabinetmakers	5	Farmers	3
Cabmen and Grooms	10	Feather Curlers	2
Canvas Embossers	1	Fishmongers	1
Canvassers	2	Firemen	12
Caretakers	1	Footballers (professional)	1
Carriers	1	Footmen	6
Charwomen	5	Forresters	1
Chemists	6	French Polishers	2
Claypipe Makers	2	Furniture Designers	1

TABLE I.—*continued.*

Furniture Packers	1	Paper Workers	7
Furriers	1	Paperbag Makers	3
Gamekeepers	6	Parish Sisters	1
Gardeners	25	Patternmakers	1
Gas Meter Index Makers	1	Pawnbrokers	1
Glass Painters	1	Photographers	3
Glassworkers	6	Piano Tuners	2
Globe Menders	1	Picture Frame Makers	1
Golf-club Makers	3	Plasterers	4
Golfers (Professional)	4	Plate Cleaners	2
Governesses	5	Platers	1
Grocers	17	Ploughmen	11
Gunsmiths	1	Plumbers	20
Gymnastic Masters	1	Policemen	7
Hall Porters	1	Porters	10
Housekeepers	21	Postmen	10
Housewives	223	Postwomen	1
Index-cutters	1	Pressers	2
Insurance Agents	3	Printers and Compositors	62
Iron Turners	1	Publicans	3
Ironfounders	5	Pursemakers	1
Ironmongers	10	Quarrymen	3
Ironmoulders	3	Railway Workers	17
Janitors	1	Relief Stampers	2
Joiners	47	Reservists	1
Journalists	2	Road Superintendents	1
Laboratory Attendants	1	Rubber Workers	20
Labourers	49	Saddlers	1
Lady's Companions	9	Salesmen	23
Laundresses	8	Saleswomen	46
Leadcutters	1	Sawyers	2
Linesmen	1	School Board Officers	1
Librarians	2	School Children	168
Linen Maids	1	Seamen and Fishermen	29
Lithographers	6	Seedsmen	3
Machinists	14	Shepherds	4
Maltmen	2	Shirtmakers	2
Masons	36	Shoemakers	10
Matron in Girls' School	1	Shopkeepers	13
Mattress Makers	1	Soldiers	22
Medical Practitioners	1	Stationers	2
Messengers	18	Steam-hammermen	1
Millworkers	21	Steelworkers	5
Miners	29	Stokers	1
Mosaic Workers	1	Stonecutters	6
Motor Repairers	1	Students	16
Musicians	1	Sugar Packers	1
Nondescript	88	Surveyors	1
Nursemaids	15	Tailors	42
Nurses	16	Teachers	26
Oilers in Tramways	1	Telegraph Boys	2
Optologists	1	Telegraphists	5
Pageboys	1	Telephonists	2
Painters	21	Ticket Collectors	2

TABLE I.—*continued.*

Tinsmiths	3	Waitresses	9
Tobacconists	3	Wardmaids	1
Tramwaymen	13	Warehousemen	12
Turners	1	Warehousewomen	8
Typists	6	Watchmakers	6
Upholsterers	9	Weavers	5
Valets	2	Wood Carvers	6
Van Builders	1	Woolsorters	5
Vanmen	5	Workers in Fields	3
Wagon-trimmers	1		
Waistcoat-knitters	1		
Waiters	8		2172

TABLE II.—SHOWING AGES OF PATIENTS.

Under 11	71
From 11-20	563
„ 21-30	947
„ 31-40	411
„ 41-50	156
Over 50	24
	<hr/> 2172

TABLE III.—SHOWING SEX OF PATIENTS.

Males, 1221 ; Females, 951 ; Total,—2172.

TABLE IV.—SHOWING RESIDENCE OF PATIENTS.

Edinburgh	1129	Kirkcudbrightshire	28
Vicinity of Edinburgh	198	Lanarkshire	84
Aberdeenshire	19	Lewis	2
Argyllshire	12	Linlithgowshire	30
Ayrshire	19	London	3
Banffshire	6	Manchester	3
Berwickshire	34	Midlothian	64
British Guiana	1	Nairnshire	2
Bute	2	Northumberland	4
Caithness-shire	7	Orkney	9
Canada	1	Peebles	7
Clackmannanshire	15	Perthshire	27
Cumberland	15	Renfrewshire	19
Derby	1	Ross-shire	10
Dumbartonshire	12	Roxburghshire	21
Dumfriesshire	27	Selkirkshire	36
Elginshire	13	Shetland	17
Fifeshire	113	Stirlingshire	50
Forfarshire	35	Surrey	1
Haddingtonshire	33	Sutherlandshire	12
Harris	1	Switzerland	2
Inverness-shire	13	Warwickshire	1
Ireland	1	Westmoreland	1
Italy	1	Wigtownshire	1
Kent	1	Yorkshire	2
Kincardineshire	4		
Kinross-shire	3		2172

II. DISPENSARY—OUT-DOOR PATIENTS.

Up to 31st March 1911, 21,603 *individual cases* received treatment at the Dispensary.

TABLE I.—SHOWING ATTENDANCES FROM 31ST MARCH 1910
TILL 31ST MARCH 1911.

	At Institution.	At their own Homes.	TOTAL.
April	869	169	1,038
May	842	185	1,027
June	759	174	933
July	754	207	961
August	891	193	1,084
September	916	189	1,105
October	948	183	1,131
November	1,147	190	1,337
December	943	201	1,144
January	922	194	1,116
February	1,034	170	1,200
March	1,218	187	1,405
	<hr/> 11,243	<hr/> 2,242	<hr/> 13,485
Visits paid by Nurses			5273
Number of Sputa examined			447
Official Notifications made to Authorities		{ Edinburgh 465 Leith . 82 }	{ 547

TABLE II.—SHOWING DISEASES FROM WHICH PATIENTS SUFFERED.

Pulmonary Tuberculosis	15,593	Injury to Chest, and Hernia	
Bronchitis	1,926	of Lungs	20
Emphysema, with Bronchitis,		Croupous Pneumonia	27
Asthma, etc.	835	Pleura, Affections of	352
Edema of Lungs, with or		Larynx, Affections of	398
without Bronchitis, Weak		Affections of related Organs,	
Heart, etc.	377	etc.	2,046
Capillary Bronchitis	29		<hr/> 21,603

TABLE III.—SHOWING OCCUPATIONS OF PATIENTS.

Artists	42	Bakers	217
Asphalters	1	Blacksmiths	137
Athletes	4	Bookbinders and Folders	265

TABLE III.—*continued.*

Boilermakers	2	Leather Workers	21
Brassfinishers	126	Librarians	3
Bricklayers	6	Lithographers	46
Butchers	81	Lorrymen and Carters	201
Cabmen and Grooms	183	Maltmen	51
Carpenters, Joiners, and Woodworkers	590	Masons	689
Car Conductors and Drivers	60	Meterworkers	2
Charwomen	222	Millworkers	354
Chauffeurs and Motor Me- chanics	7	Moulders	8
Chemists	33	Musicians	45
Children (below fifteen)	3261	Networkers	5
Chimney Sweeps	11	Nondescript	1045
Clerks and Warehousemen	620	Opticians	2
Coachbuilders	1	Paper Bag Makers	88
Coal Miners and Workers	259	Paper Cutters	69
Comb and Brush Makers	29	Painters	195
Confectioners	46	Plasterers	54
Coopers	21	Plumbers	107
Corkcutters	17	Policemen and Watchmen	42
Dairymen	27	Porters	203
Diestampers	3	Postmen, Lamplighters, etc.	52
Domestic Servants	799	Pottery Workers	3
Drapers	6	Printers, Compositors, etc.	497
Electricians	4	Railway Servants	119
Engineers and Enginemen	330	Riggers	6
Farm Servants	59	Rubber, Sealing-wax, and Vulcanite Workers	355
Firemen	65	Saddlers	5
Fishermen and Sailors	127	Salesmen	252
Fishwomen	57	Saleswomen	304
Fitters and Riveters	86	Scavengers	37
French Polishers	4	Seamstresses and Dressmakers	427
Gardeners and Farmers	93	Shoemakers	227
Gatekeepers and Messengers	127	Sick Nurses	57
Glasscutters and Grinders	45	Slaters	41
Glassmakers and Bottle- blowers	8	Soldiers	50
Glaziers and Gilders	36	Spinners	18
Golf-club and Ball Makers	13	Stationers	12
Grocers	119	Stokers	14
Guards	28	Students	20
Gunmakers	14	Surveyors	8
Hairdressers	76	Tailors and Hatters	407
Hammermen	8	Tanners and Curriers	28
Hawkers	160	Teachers	32
Hosiery Workers	20	Telephonists and Workers	2
Housewives	4344	Tinworkers	90
Insurance Agents and Com- mercial Travellers	212	Tobacconists	12
Ironmongers and Typefounders	174	Upholsterers	73
Jewellers and Watchmakers	61	Van Drivers	66
Labourers	1374	Waiters	161
Laundresses	196	Weavers	50
		Wireworkers	32

21,603

TABLE IV.—SHOWING AGES OF PATIENTS.

From 1-10	.	.	.	.	.	.	.	2,031
„ 11-20	.	.	.	.	.	.	.	4,783
„ 21-30	.	.	.	.	.	.	.	5,912
„ 31-40	.	.	.	.	.	.	.	4,290
„ 41-50	.	.	.	.	.	.	.	2,587
„ 51-60	.	.	.	.	.	.	.	1,299
Above 60	.	.	.	.	.	.	.	701
								<hr/>
								21,603

TABLE V.—SHOWING SEX OF PATIENTS.

Males.	.	.	.	.	.	.	.	11,548
Females	.	.	.	.	.	.	.	10,055
								<hr/>
								21,603

TABLE VI.—SHOWING RESIDENCE OF PATIENTS.

Edinburgh, including Portobello and Joppa	.	.	.	.	.	.	16,665
Leith, Newhaven, and Trinity	.	.	.	.	.	.	2,476
Country	.	.	.	.	.	.	2,462
							<hr/>
							21,603

TABLE VII.—SHOWING DISTRICTS FROM WHICH PATIENTS HAVE BEEN RECEIVED, OTHER THAN EDINBURGH, LEITH, AND IMMEDIATE VICINITY.

Aberdeen	.	.	.	.	6	Ayton	.	.	.	.	.	1
Aberdour	.	.	.	.	8	Barrow-on-Furness	.	.	.	.	.	1
Abernethy	.	.	.	.	2	Bathgate	.	.	.	.	.	56
Addiewell	.	.	.	.	2	Beattock	.	.	.	.	.	1
Alexandria	.	.	.	.	2	Belfast	.	.	.	.	.	1
Alloa	.	.	.	.	13	Berwick-on-Tweed	.	.	.	.	.	19
Alnwick	.	.	.	.	1	Biggar	.	.	.	.	.	1
Alva	.	.	.	.	17	Birkenhead	.	.	.	.	.	1
Alyth	.	.	.	.	1	Blackhall	.	.	.	.	.	17
Airdrie	.	.	.	.	3	Blair Atholl	.	.	.	.	.	1
Annan	.	.	.	.	2	Blairgowrie	.	.	.	.	.	2
Anstruther	.	.	.	.	1	Blantyre	.	.	.	.	.	5
Arbroath	.	.	.	.	2	Bonar Bridge	.	.	.	.	.	1
Argyllshire	.	.	.	.	4	Bo'ness	.	.	.	.	.	25
Armadales	.	.	.	.	24	Bonnyrigg	.	.	.	.	.	42
Arran	.	.	.	.	1	Bothwell	.	.	.	.	.	1
Auchendinny	.	.	.	.	4	Bowbridge	.	.	.	.	.	1
Auchterarder	.	.	.	.	1	Bridge of Allan	.	.	.	.	.	1
Ayr	.	.	.	.	4	Broomieknowe	.	.	.	.	.	1

TABLE VII.—*continued.*

Broxburn	75	Galashiels	53
Buckhaven	1	Garvald	2
Burntisland	13	Gifford	1
Caithness	11	Gilmerton	9
Caldercruix	1	Glasgow	134
Carlisle	4	Gordon	1
Carluke	1	Gorebridge	14
Carstairs	1	Govan	4
Castle-Douglas	2	Grangemouth	9
Chirnside	4	Granton	19
Cleland	1	Greenlaw	1
Coatbridge	4	Greenock	3
Cobbinshaw	1	Haddington	22
Cockenzie	89	Hamilton	6
Coldstream	2	Hawick	10
Colinton	12	Helmsdale	1
Corstorphine	34	Innerleithen	9
Cowdenbeath	13	Inverkeithing	9
Cramond	6	Inverness	7
Crieff	3	Ireland	4
Cumberland	3	Island of Eigg	1
Currie	12	Jedburgh	3
Dalhouseie	1	Johnstone	7
Dalkeith	22	Juniper Green	23
Dalmeny	6	Keith	2
Davidson's Mains	21	Kelso	4
Denholm	1	Kilmarnock	1
Denny	3	Kinghorn	3
Dollar	1	Kingsknowe	1
Doune	4	Kincardine	1
Drem	3	Kinross	3
Duddingston	14	Kirkcaldy	88
Dumbarton	2	Kirkcudbright	3
Dumfries	8	Kirkintilloch	1
Dunbar	14	Kirkliston	11
Dunblane	2	Kirknewton	5
Dundee	18	Ladybank	4
Dundonald	2	Lanark	11
Dunfermline	42	Langholm	1
Duns	4	Langsidehouse	1
Duntocher	1	Larbert	1
Dysart	5	Lasswade	11
Earlston	6	Lauder	1
East Calder	10	Leadburn	1
Ecclefechan	1	Lerwick	1
Elgin	3	Leslie	1
Elphinston	3	Leven	4
England	30	Liberton	18
Eyemouth	3	Lilliesleaf	1
Falkirk	50	Linlithgow	9
Fauldhouse	7	Liverpool	3
Fife	37	Livingstone	1
Ford	2	Loanhead	50
Forres	1	Loch Fyne	1

TABLE VII.—*continued.*

Lochgelly	7	Ross-shire	5
Lochwinnoch	2	Rothesay	1
Lockerbie	3	St. Abbs	1
London	6	St. Andrews	7
Longniddry	4	St. Boswells	2
Macmerry	3	Saltcoats	1
Manchester	1	Selkirk	9
Manuel	1	Sheerness	1
Markinch	5	Shotts	6
Maybole	1	Slateford	33
Melrose	7	South Shields	3
Methil	5	Stenton	1
Midcalder	28	Stirling	21
Midlothian	20	Stobo	2
Milton Bridge	1	Stonehaven	1
Moffat	2	Stornoway	1
Montrose	5	Stow	7
Motherwell	2	Straiton	2
Musselburgh and Fisherrow	252	Strathspey	1
Newcastle	1	Sutherlandshire	3
Newcastleton	2	Tain	1
Newton Grange	6	Thurso	1
Niddrie	4	Tillicoultry	5
North Berwick	6	Tranent	115
Oban	1	Tynecastle	1
Orkney and Shetland	36	Uphall	23
Paisley	2	Wales	2
Peebles	29	Walkerburn	6
Pencaitland	16	Wemyss	5
Penicuik	53	West Calder	12
Perth	16	West Linton	2
Pitlochry	5	Whitburn	7
Polmont	14	Wick	6
Polton	5	Winchburgh	11
Prestonkirk	2	Wishaw	1
Prestonpans	27	Yoker	1
Queensferry, N. and S.	27	Australia	1
Ratho	6	Brooklyn, N.Y.	3
Reston	1	Canada	1
Roseburn	1	Germany	1
Rosewell	15		
Roslin	2		

ILLUSTRATIVE CASES.

DISPENSARY.

The following notes of cases taken from the medical officer's book illustrate the work of this department:—

Mrs. S. W.—Housewife, aged thirty-nine, visited the Dispensary about eight months ago. The patient had been ill for over two years, and the disease was well marked. In the course of the “march past” following upon the patient's first visit to the Dispensary, two other members of the family, a girl, aged seventeen, and a boy, aged twelve, were discovered to have consumption in an early stage. These were promptly sent up to the Dispensary and put under treatment. The boy has been sent down to the open-air school at the Royal Victoria Hospital, going down each morning and returning at night. The girl is visiting regularly at the Dispensary, and both are doing well. Mrs. W.'s symptoms have been greatly relieved, and the whole house and household have been reorganised on a strictly hygienic basis.

W. K.—Aged thirty-two, baker. This patient had been unable to work for about six weeks before he came up to the Dispensary early this year. The case was a fairly early one, and we arranged for him going to the Royal Victoria Hospital as a “visitant” patient. This served the dual purpose of giving him a rest under proper treatment and educating him to carry out open-air lines of treatment at home. After six weeks at the Hospital he was discharged, as he was anxious to return to work. In the past four months he has been working at his trade regularly. He reports himself at the Dispensary every fortnight. He is

gaining weight, and the lung disease has been successfully arrested.

Mrs. W.—Aged thirty-four. Attended at the Dispensary, and a week later brought up her husband to be examined. Both were found to be suffering from pulmonary tuberculosis in an early stage. The “march past” showed that of the four children three presented distinct symptoms of the same disease, while the fourth was evidently in a pre-tuberculosis condition. The male patient has been sent to the Royal Victoria Hospital for a short probationary period, to prepare him for going to the Farm Colony. The oldest child is attending the open-air school at the Hospital, while the rest of the family are attending at the Dispensary and carrying out the open-air line of treatment at home.

G. E.—Vanboy, aged sixteen. This boy was found to be suffering from consumption in a fairly early stage, and was accordingly sent out to the Royal Victoria Hospital. The family history disclosed the fact that his mother and two brothers had died of tuberculous disease of the lung within the last eighteen months. The “march past” discovered a brother, fourteen years of age, in a very advanced stage of consumption, and a younger brother and sister in a very early stage. The first was sent to the Hospital for advanced cases at Colinton Mains, the other two were sent away to the country for a couple of months. They have now returned, and are still under supervision and keeping well.

HOSPITAL.

The cases are purposely selected from among those under treatment some years ago as illustrations of the lasting benefits conferred by the Hospital.

L. J.—Jeweller's salesman, aged thirty, was admitted to Hospital in August 1903. His chief complaint was cough and physical “doneness.” There was family history of

consumption. Both lungs showed cavity formation. He remained in Hospital for four months, during which he gained 1 st. 1½ lb., and regained his former strength. Seven years have elapsed since then, during which time he has maintained his recovered health and strength, and has been able to work regularly.

C. H.—Manservant, aged twenty-six, was admitted into Hospital in November 1905, complaining of cough, shortness of breath and pain in the chest. The symptoms had been present for four months. His previous history indicated that seventeen years before he had shown signs of disease. His chest was poorly developed, and both lungs were extensively involved. He was in Hospital for nine months. On discharge, he was free of symptoms and was fit for a hard day's work as boiler attendant. Since then he has maintained excellent health.

J. M.—Domestic servant, aged thirty-eight, was admitted on 9th December 1908 suffering from great weakness, troublesome cough, expectoration, and breathlessness. There was marked disease in both lungs. She had a poor appetite, was pale and thin, and weighed 6 st. 13 lb. At the end of nine months' treatment she had gained over a stone in weight, all symptoms had disappeared, and the pulmonary lesions undergone complete resolution. She is now on the highest grade of the Scheme for Physical Treatment (red badge), and is able for a hard day's work, which includes working in the laundry, scrubbing, washing shelters, and other household duties.

FARM COLONY.

W. S.—Motor engineer, aged twenty-three, was transferred from the Hospital to the Farm Colony on 2nd May 1910. From the first he engaged with interest in the work, and on a graduated system did extremely well. A remarkable improvement in muscle tone was noted. Some months

before leaving he was on a full day's work from 6 a.m. till 5 p.m. without any symptoms of fatigue. He was discharged on 25th April 1911 looking thoroughly robust, and sailed for Canada on 19th May 1911, when, on arrival, he obtained a situation on a farm. From a report just to hand he is doing well.

A. W.—Printer, aged thirty. This is a typical case in which the Farm Colony has proved its "after-care" value. Having decided to change his occupation, this man was admitted to the Colony on 28th June 1910, and having a preference for gardening, was forthwith installed in this department. He was industrious and painstaking. He was discharged with his health thoroughly established on 24th June 1911. Employment was readily obtained for him as under-gardener on a gentleman's estate, where he is giving every satisfaction.

H. R.—Electrician, aged twenty-three. Admitted on 25th August 1910. For the first few weeks showed signs of fatigue on exertion. With regulation of his daily routine, this soon passed off, and with the alternation of work and rest he rapidly improved. On 25th June 1911 he was discharged in excellent form to return to his former employment, with every prospect of permanent recovery.

SAMARITAN WORK.

The following cases show the nature of the work undertaken by the ladies of the Samaritan Committee:—

Mrs. M.—Housewife, aged thirty-one. This patient was found to be suffering from well-marked pulmonary tuberculosis, and to make matters worse her husband, a mason, had been out of work for several months, the want of proper nourishment contributing to the now rapid progress of the disease. Nurse reported the domestic condition after her domiciliary visit following the patient's first visit to the Dispensary. In order to make things easier for

Mrs. M., one of the women employed by the Dispensary in such cases was sent in regularly to do the washing and the heavier work of the household. A member of the Samaritan Committee has been helpful in providing food and other necessities, and also in finding regular work for the patient's husband. For some time the patient improved under the more favourable conditions, but grew worse again, and was removed to the City Hospital for Advanced Cases, where she died subsequently.

R. K.—Carter, aged forty-four, is an old patient of the Dispensary. In the past year he has got gradually worse, and latterly has been entirely confined to bed. His circumstances have been very straitened, and help has been given out of the Samaritan common fund. This has been expended by the nurse. One of the Committee was also instrumental in obtaining work for one of the daughters. She was successful in getting Mrs. K. and one of the children sent away to a convalescent home for a fortnight during the summer. The family are most appreciative.

ABSTRACT OF THE CLERK AND TREASURER'S ACCOUNTS, from 31st March 1910 to 31st March 1911.

I.—ORDINARY INCOME AND EXPENDITURE ACCOUNT.

INCOME.

Revenue received—

1. Subscriptions and Donations—
Edinburgh, Leith, and Portobello—

(a) Per Lady Collectors (page 57) . . . £514 9 7

(b) Per Charity Organisation Society (page 62) . . . 561 4 9

(c) Per Treasurer (page 63) . . . 176 17 6

£1,252 11 10

Country Districts—

(a) Per Lady Collectors (page 101) . . . £1,649 15 0

(b) Per Treasurer (page 103) . . . 222 8 2

1,872 3 2

135 19 1

1 14 4

154 19 6

£3,417 7 11

20 17 9

1,105 1 0

244 1 9

214 6 6

156 5 8

£5,158 0 7

2,090 0 8

£7,248 1 3

Excess of Ordinary Expenditure over Income carried to Extraordinary Account

EXPENDITURE.

I. Payments in connection with the Hospital—

1. Provisions . . . £3,002 6 0

2. Salaries to Resident Staff . . . 347 7 6

3. Servants' Wages . . . 425 1 2

4. Rates, Taxes, and Insurance . . . 171 17 11

5. Heating and Lighting . . . 648 2 3

6. Furnishings and Maintenance . . . 721 15 1

7. Medical and Surgical Supplies, etc. . . 119 11 6

8. Expenses of Laboratory . . . 33 17 4

9. Upkeep of Grounds . . . 167 10 3

10. Lady Superintendent's Sundries . . . 19 2 5

£5,656 11 5

II. Payments in connection with Dispensary—

1. Rent, Rates, and Insurance . . . £57 9 0

2. Salaries to Medical Assistants and Lady Dispenser . . . 189 6 6

3. Nurses' Salaries and Sundries . . . 76 1 5

4. Heating and Lighting . . . 14 8 10

5. Furnishings and Repairs . . . 26 9 4

6. Caretaker's Wages . . . 65 0 0

7. Medicines and Medical Appliances . . . 238 12 10

8. Caretaker's Incidents, £7, 15s., and Miscellaneous, £10, 1s. . . 17 16 0

III. Interest 685 3 11

IV. Printing, Stationery, and Advertising . . . 270 6 2

V. Commission and Expenses of Organising Secretary . . . 235 17 5

VI. Expenses of Management, including Auditor's Fee . . . 236 9 4

VII. Legal Expenses . . . 110 10 c

VIII. Postages, £21, 9s. 5d., and Miscellaneous Payments, £31, 3s. 1d. . . 0 10 6

52 12 6

£7,248 3

II.—EXTRAORDINARY ACCOUNT.

CHARGE.		DISCHARGE.	
Funds as at 31st March 1910	£7,967 3 5	Payment in connection with New Buildings. <i>Note</i> .—The total payments in connection with the New Buildings to date, amount to £13,360, 7s. 5d.	£15 0 0
Legacies received—		Excess of Ordinary Expenditure over Income, transferred from Ordinary Income and Expenditure Account	2,090 0 8
Trustees of the late Charles Anderson, of Fettohill, second sum of £500 allocated by them out of the residue of his estate, per Boyd, Jameson & Young, W.S.	£500 0 0	Funds as at 31st March 1911—	
Trustees of the late Miss Frances Mary Mackenzie, per Mackenzie, Innes & Logan, W.S., £300, less duty, £30.	270 0 0	£1360 3½% Debenture Stock of the National Telephone Company at cost	£1,479 14 0
Executors of the late Mrs. Jamie, per Pringle & Clay, W.S.	200 0 0	£1000 4% Debenture Stock of the Caledonian Railway Company at cost	1,227 17 6
Trustees of the late Miss Margaret Sinclair, per Cornillon, Craig & Thomas, S.S.C.	30 0 0	£1000 3% Debenture Stock of the British Railway Company at cost	919 9 6
Trustees of the late John Penny, Midcalder, per Rev. David Marshall	16 13 4	£1000 3% Perpetual Debenture Stock of the South-Eastern Railway Co. at cost	901 12 9
Trustees of the late G. G. Tod, per Bell, Bannerman & Finlay, W.S.	10 0 0	£1000 4% Debenture Stock of the Great Eastern Railway Company at cost	1,200 17 3
		£1000 4% Perpetual Guaranteed Stock of the Great Northern Railway Co. at cost	1,197 2 0
		Sum on Account Current with the Commercial Bank of Scotland	197 17 5
		Sum in Lady Superintendent's hands to meet current weekly wages	30 0 0
		Excess of Sums received over payments made after 31st March 1911, applicable to the year ended 31st March 1911, and included in this Abstract	1,434 5 8
	1,026 13 4		£8,588 16 1
		<i>Deduct</i> —Temporary Loan from the North of Scotland and Town and County Bank Limited	1,700 0 0
			6,888 16 1
			<u>£8,993 16 9</u>

EDINBURGH, 1st September 1911.—I have audited the Accounts of the Intronnissions of the Clerk and Treasurer of THE ROYAL VICTORIA HOSPITAL FOR CONSUMPTION for the year ending 31st March 1911, of which the above is an Abstract, and have found them correct.

EDWARD BOYD, C.A., Auditor.

FARM COLONY.

ABSTRACT OF ACCOUNTS for the period from 23rd June 1910 to 23rd June 1911.

CHARGE.

I. Funds ds at 23rd June 1910	£101	6	3
II. Subscriptions and Donations (page 111)	2,217	2	9
III. Grant from the Surplus Funds of the Scottish National Exhibition of Industries, Science, and Art, Edinburgh, 1908	1,000	0	0

IV. Donation to Library Fund (page 111)	5	0	0
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V. Revenue from Farm Colony—

Sales of Vegetables and Garden Produce	£70	11	0
Sales of Pigs	92	5	7
Sales of Poultry and Eggs	29	1	4
Rent of Grass Parks	4	10	0

VI. Deficit as at 23rd June 1911—

Temporary Loan from North of Scotland and Town and County Bank Limited	£1,300	0	0
Deduct—Balance in Bank and on hand	36	17	8
	1,263	2	4

£4,782 19 3

DISCHARGE.

I. Extraordinary Expenditure—			
Alterations and Repairs to Springfield House and Lodges	£4,193	18	7
Furnishings	223	10	1
Gas Installation and Water Supply	286	0	6
Erection of Piggeries, Boiler-house, and Pig-shelter	1,131	5	2
Drainage of Fields, Fencing, Gates, etc.	107	0	6
Carts, Harness, and Implements	94	6	10
Expenses of Garden Party at Opening Ceremony	95	6	3
	£3,131	7	11

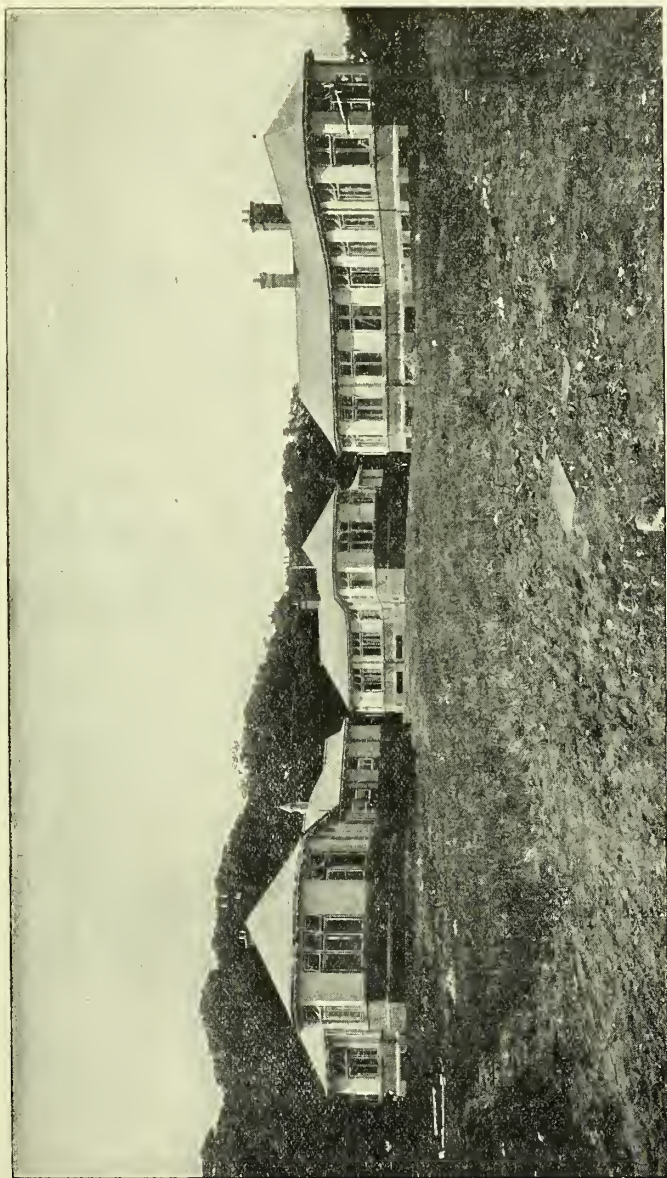
II. Ordinary Expenditure—

Salaries of Medical Superintendent and Matron	£341	5	0
Provisions	254	7	2
Heating, Lighting, and Cleaning	104	18	8
Wages of Farm-hands	169	0	8
Boots, Leggings, Waterproofs, and Gratuities for Colonists	24	7	11
Stable Expenses	75	13	2
Purchases and Upkeep of Pigs	174	19	3
Upkeep of Poultry	25	6	2
Outlay on Garden and Fields	34	8	4
Rates, Taxes, Feudalties, and Insurance	116	5	6
Printing and Stationery	35	3	8
Interest	85	2	8
Expenses of Appeal	180	13	1
Miscellaneous, including Telephone, £14, 15s. 2d., and Carriage, £6, 19s. 3d.	60	0	1
	1,651	11	4

£4,782 19 3

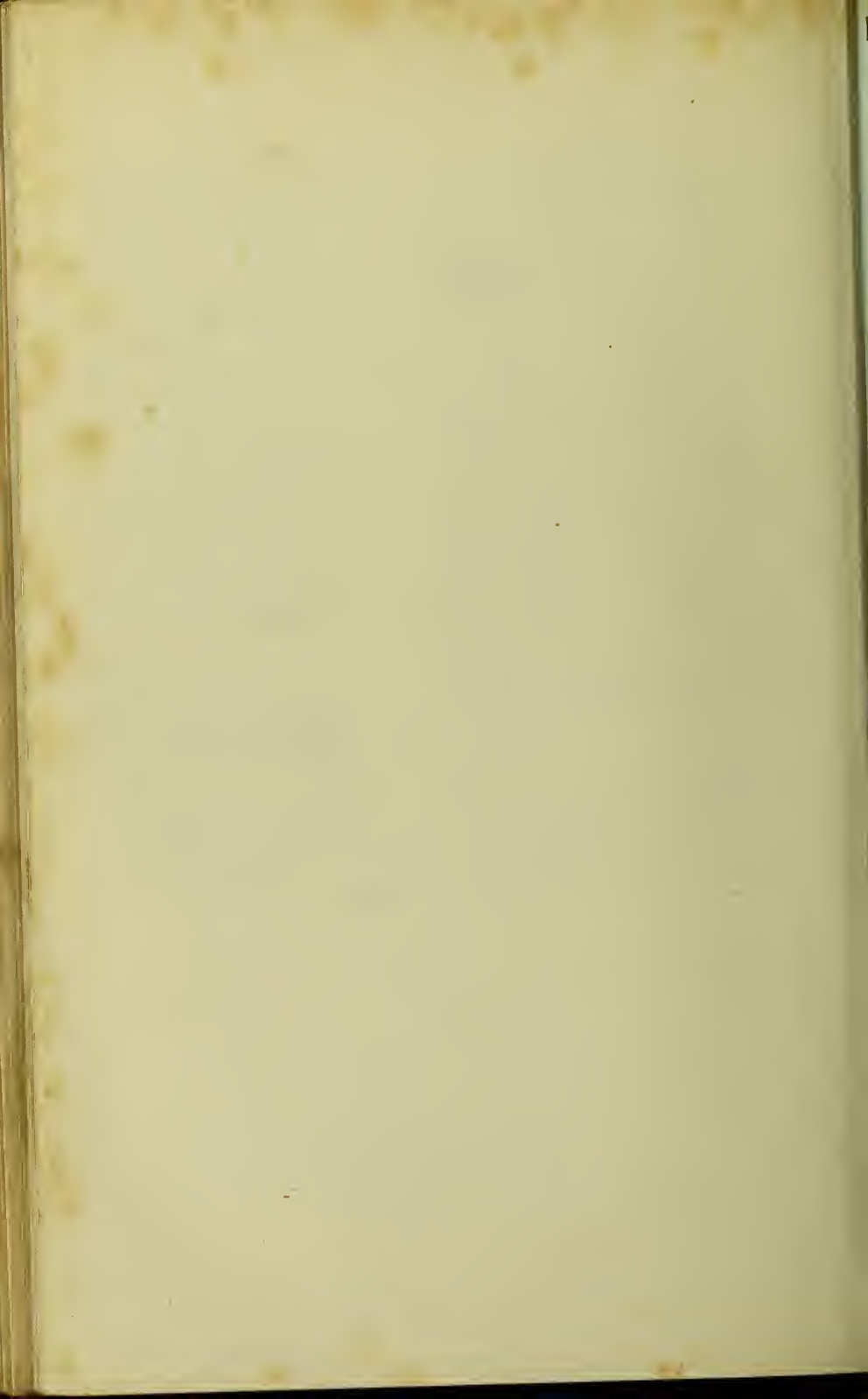
EDINBURGH, 1st September 1911.—I have audited the Accounts of the Intramissions of the Clerk and Treasurer of THE ROYAL VICTORIA HOSPITAL FOR CONSUMPTION in connection with the Farm Colony for the year ending 23rd June 1911, of which the above is an Abstract, and have found them correct.

EDWARD BOYD, C.A., Auditor.



Marshall Wayne & Co., Photographers.

GENERAL VIEW OF THREE NEW PAVILIONS—FRONT ELEVATION.



REGULATIONS FOR PATIENTS.

THE HOSPITAL.

1. The Royal Victoria Hospital for Consumption, Edinburgh, is founded for the treatment of patients suffering from Consumption, who are in necessitous circumstances.

2. No patient whose household is in receipt of Parish Assistance shall be considered eligible for admission into the Hospital.

3. Patients will be admitted to indoor treatment, only if the Physician is satisfied that the case may reasonably be expected to benefit thereby.

4. Subject to the above restrictions, patients will be received in order of application, according as vacancies may occur.

5. A small number of beds is available for patients able to contribute £1, 1s. weekly towards the cost of maintenance. Patients will be admitted on this basis strictly in order of application, and only on condition that they can contribute the weekly sum for at least four months, should residence for that period be deemed desirable by the Physician.

6. The length of residence in hospital will depend on the nature of the case. With regard to this the Physician shall be the judge.

7. No case shall be admitted twice within one year.

8. In entering the Hospital, patients agree to conform rigidly to the Rules of the Institution. No patient shall be readmitted if he has once been discharged for breach of Rules.

9. Applications for admission should be made directly at the Dispensary, 26 Lauriston Place, or by letter, addressed to the Clerk and Treasurer, Mr. L. B. BELL, C.A., 42 Castle Street, Edinburgh.

THE FARM COLONY.

The Farm Colony is established for the behoof and continued supervision of persons who have made a good recovery at the Royal Victoria Hospital, and to whom immediate return to ordinary life might mean relapse.

THE DISPENSARY

26 LAURISTON PLACE.

1. The Dispensary is open for consultation to all necessitous patients suffering from Consumption or allied disease, on Mondays, Wednesdays, and Fridays, at 3 p.m., and to all inquirers regarding the prevention of tuberculosis.

2. Medicines are dispensed *gratis* only to such patients as the Physician ascertains to be in need of such further assistance. A formal charge of One Penny will be made for each prescription so dispensed.

3. Patients shall not receive advice or medicines unless they attend punctually at the appointed hours, which are indicated on the Prescription Form.

The above Regulations are subject to alteration by the Acting Committee.

THE DISPENSARY, 26 LAURISTON PLACE is open for the Reception of Patients on MONDAYS, WEDNESDAYS, and FRIDAYS, from 3 to 4 p.m. ; and for the Dispensing of Medicines Daily (except Sunday), from 10 to 10.30 a.m., and on Mondays, Wednesdays, and Fridays, from 6 to 6.30 p.m.



Patron—HIS MAJESTY THE KING

THE ROYAL VICTORIA HOSPITAL FOR CONSUMPTION EDINBURGH



TWENTY-SECOND ANNUAL REPORT
(1911-1912)

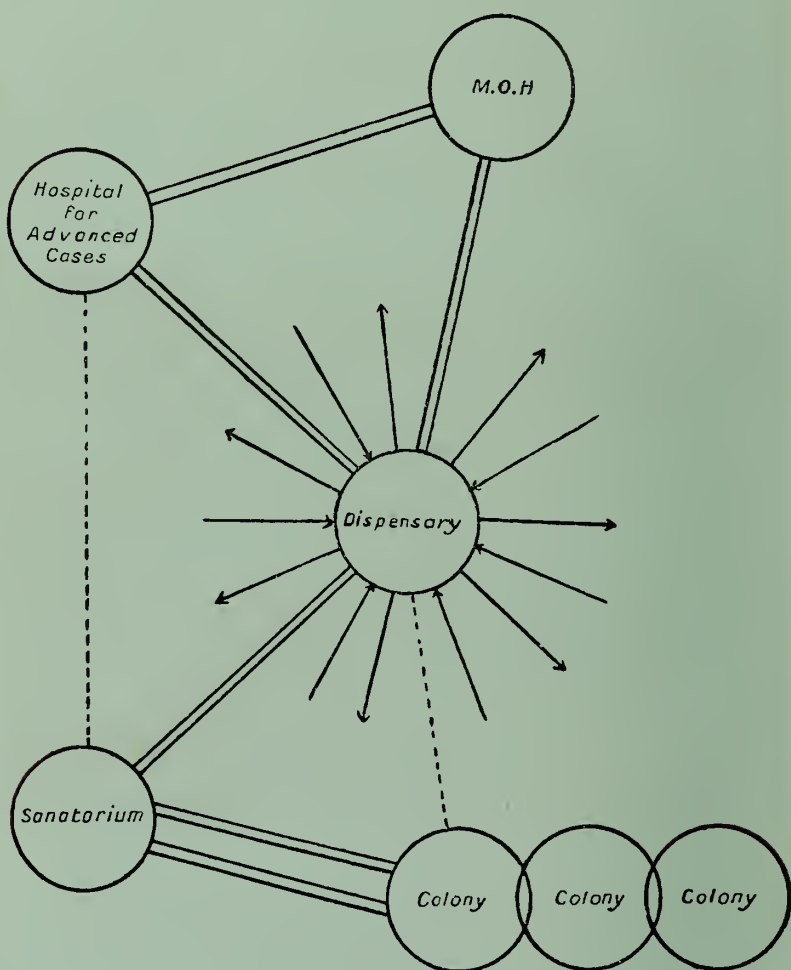
THE HOSPITAL (Craigleith, Edinburgh)

THE DISPENSARY (Spittal Street, Castle Terrace)

THE FARM COLONY (Springfield, Lasswade)

About 60,000 Persons die Annually of Consumption in the
United Kingdom.

EDINBURGH ANTI-TUBERCULOSIS SCHEME GENERAL PLAN.



The Royal Victoria Hospital for Consumption was established in 1887 as a Memorial of Queen Victoria's Jubilee.

"Regulations for Admission of Patients" will be found on third page
of Cover.

TWENTY-SECOND ANNUAL REPORT
(1911-1912)

OF

THE ROYAL VICTORIA HOSPITAL
FOR CONSUMPTION

EDINBURGH

Patron—HIS MAJESTY THE KING.

THE DISPENSARY (Spittal Street, Castle Terrace).

THE HOSPITAL (Craigleith).

THE FARM COLONY (Springfield, Lasswade).

OFFICE-BEARERS.

President.

SIR ALEXANDER CHRISTISON, Bt.

Vice-President.

SIR RALPH ANSTRUTHER, Bt.

Trustees.

CHARLES COOK, Esq., Writer to the Signet.

Hon. Lord GUTHRIE.

JAMES MYLNE, Esq., Writer to the Signet.

R. R. SIMPSON, Esq., Writer to the Signet.

General Committee.

ARTHUR ALISON, Esq., Advocate, 3 Moray Place, Edinburgh.

* ANSTRUTHER, Sir RALPH, Bt., of Balcaskie, Pittenweem.

* Sir ALEXANDER CHRISTISON, Bt., 40 Moray Place, Edinburgh.

Sir T. S. CLOUSTON, F.R.C.P., 26 Heriot Row, Edinburgh.

* CHARLES COOK, Esq., W.S., 61 Castle Street, Edinburgh.

* GEORGE CRABBIE, Esq., of Blairhoyle, 8 Rothesay Terrace, Edinburgh.

* DONALD CRAWFORD, Esq., K.C., 35 Chester Street, Edinburgh.

Professor Sir HALLIDAY CROOM, 25 Charlotte Square, Edinburgh.

Rev. E. C. DAWSON, 9 Ramsay Garden, Edinburgh.

* The Lady DUNEDIN, 7 Rothesay Terrace, Edinburgh.

* Sir ANDREW H. L. FRASER, K.C.S.I., LL.D., 22 Heriot Row, Edinburgh.

* Hon. Lord GUTHRIE, 13 Royal Circus, Edinburgh.

* L. A. GUTHRIE, Esq., W.S., 1 North Charlotte Street, Edinburgh.

Rev. JAMES HARVEY, 39 Drummond Place, Edinburgh.

* GEORGE A. CLARK HUTCHISON, Esq. of Eriska, Advocate, 34 Drumsheugh Gardens, Edinburgh.

* J. PATTEN MACDOUGALL, Esq., C.B., 39 Heriot Row, Edinburgh.

* C. E. W. MACPHERSON, Esq., C.A., 6 N. St. David Street, Edinburgh.

JAMES MYLNE, Esq., W.S., 10 Ainslie Place, Edinburgh.

* Dr. R. W. PHILIP, F.R.C.P., 45 Charlotte Square, Edinburgh.

* Sir A. OLIVER RIDDELL, D.L., Craiglockhart House, Slateford.

Hon. Lord SALVESEN, Dean Park House, Edinburgh.

* R. R. SIMPSON, Esq., W.S., 10 Albyn Place, Edinburgh.

* W. GARDNER SINCLAIR, Esq., 29 Royal Terrace, Edinburgh.

WM. C. SMITH, Esq., K.C., 7 Northumberland Street, Edinburgh.

JOHN WILSON, Esq., K.C., 9 Drumsheugh Gardens, Edinburgh.

HENRY J. YOUNGER, Esq., of Benmore, Argyllshire.

Sir WM. YOUNGER, Bt., of Auchen Castle, Moffat.

Those marked * form the Committee of Management.

Samaritan Committee.

Miss ALISON, 3 Moray Place.
 Mrs. GEORGE CRABBE, 8 Rothesay Terrace.
 Miss FINLAY DUN, Gorgie House.
 Miss DUNCAN, 12 Learmonth Gardens.
 Miss HANNA, 7 Magdala Crescent.
 Miss LOWSON, 12 South Learmonth Gardens.
 Mrs. M'BRIDE, 84 Haymarket Terrace.
 Miss PAULIN, 6 Forres Street.
 Mrs. R. W. PHILIP, 45 Charlotte Square.
 Mrs. WALLACE, 40 Drumsheugh Gardens.
 Miss WHITE, 1 Greenbank Terrace.

Honorary Physicians.

R. W. PHILIP, M.D., F.R.C.P.
 G. L. GULLAND, M.D., F.R.C.P.

Honorary Surgeon.

DAVID WALLACE, C.M.G., M.B., F.R.C.S.

Assistant Physician.

W. LESLIE LYALL, M.B., M.R.C.P.

Clinical Assistants at the Dispensary.

JOHN D. COMRIE, M.B., Ch.B., F.R.C.P.
 LEWIS H. F. THATCHER, M.D., M.R.C.P.
 A. FERGUS HEWAT, M.B., Ch.B.

Resident Physicians.

OLIVIER A. J. N. MURISSET, M.B., Ch.B.
 ARTHUR BLOOM, M.B., Ch.B.

Dental Surgeon.

J. FINLAYSON, L.R.C.P. & S.E., L.D.S.

Pathologist.

JAS. MILLER, M.D., F.R.C.P.

Medical Officer for Fife & Ray Work.

E. PRICE, M.B.C.M.

Lady Superintendent.

Miss GUY.

Medical Superintendent of Farm Colony.

A. H. MACPHERSON, L.R.C.P.E., L.R.C.S.E.

Auditor.

EDWARD BOYD, C.A., 6 Darnaway Street, Edinburgh.

Honorary Secretaries.

WALLACE & GUTHRIE, W.S., 1 North Charlotte Street, Edinburgh.

Clerk and Treasurer.

L. B. BELL, C.A., 42 Castle Street, Edinburgh.

Patron.

HIS MAJESTY THE KING.

Patrons and Patronesses and Lady Presidents of Country Auxiliaries.

THE EARL OF ABERDEEN.
THE LADY MARY HOPE.

RIGHT HON. LORD KINNEAR.
HON. LORD KYLLACHY.

Aberdeenshire—Mrs. FARQUHARSON of Houghton, Netherton, Meigle.

Arbroath—Mrs. LINDSAY CARNEGIE, Kimblethmont.

Ardrossan—The COUNTESS OF EGLINTON, Eglinton Castle.

Argyllshire—Mrs. MALCOLM of Poltalloch.

Auchtermuchty—Mrs. FAIRLIE, Myres Castle.

Bonkyl and Ednam—Mrs. SANDYS LUMSDAINE, West Blanterne.

Caithness-shire—The DUCHESS OF PORTLAND, Langwell.

Clackmannanshire—The COUNTESS OF MAR AND KELLIE, Alloa House.

Dalkeith—The MARCHIONESS OF LOTHIAN.

Duns—The Hon. LADY MILLER, Manderston.

Forfarshire—The COUNTESS OF STRATHMORE, Glamis Castle.

Humbie—The Hon. Mrs. SCOTT, Humbie House.

Jedburgh and District—ALEX. WADDELL, Esq., Palace.

Kinross-shire—Mrs. REID, Thomanean.

Kirkliston—Mrs. HOG, Newliston.

Kirknewton—Mrs. HAMILTON, Cairns.

Linlithgow—Mrs. MELVILLE, Lochcote House.

Linlithgowshire—The MARCHIONESS OF LINLITHGOW.

Melrose—The COUNTESS OF DALKEITH, Eildon Hall.

Muthill—Miss SPIER, Culdees Castle.

Newport—Miss LENG, Kinbrae.

Orkney and Shetland—The COUNTESS OF ZETLAND, Kerse House, Falkirk.

Peeblesshire—Mrs. THORBURN, Glenormiston.

Pencaitland—The Hon. Mrs. HAMILTON OGILVY, Winton Castle.

Pitlochry—Mrs. MACBETH, Bank of Scotland House.

Pittenweem—LADY AVA-CAMPBELL, Gibliston.

Ross-shire—LADY MARJORY MACKENZIE of Gairloch.

St. Boswells, Mertoun, and Bowden—Miss M. T. BAILLIE, Dryburgh House.

Stow—Miss MILROY, Torsonce.

Sumburgh (Shetland)—Mrs. BRUCE.

Sutherlandshire—The DUCHESS OF SUTHERLAND, Dunrobin Castle.

HONORARY COLLECTORS—EDINBURGH.



- Alexander, Miss M., 17 Whitehouse Loan.
 Alison, Miss, 3 Moray Place.
 Allan, Miss A. F., Bank House, 112 Morningside Road.
 Anderson, Miss J. N., 6 East Savile Road.
 Auld, Mrs., 11 Melville Place.
 Balfour, Mrs. John H., 14 East Brighton Crescent.
 Ballingall, Mrs., 4 Lansdowne Cresc.
 Bell, Miss, 1 Brunton Place.
 Brewis, Miss, 6 Drumsheugh Gardens.
 Brook, Miss K., 21 Chalmers Street.
 Brown, Miss, 10 Mayfield Road.
 Brown, Miss, 28 Queen's Crescent.
 Bruce, Miss A. G., 23 St. Bernard's Crescent.
 Buchan, Mrs., 6 North-East Circus Pl.
 Buchanan, Miss, 3 Oswald Road.
 Calder, Miss, 10 Braidburn Terrace.
 Campbell, Mrs., 62 Argyle Crescent, Portobello.
 Carrie, Miss, 43 Fountainhall Road.
 Chalmers, Miss, 23 Magdala Crescent.
 Christie, Miss, 9 Ravelston Park.
 Coltart, Mrs., 92 Easter Road, Leith.
 Crichton, Miss, 8 Morningside Terrace.
 Croal, Miss H., Fordoun, Primrose Bank Road.
 Cumming, Miss Constance E., 14 Blackford Avenue.
 Dawson, Miss P., 24 Royal Terrace.
 Dickson, Miss N. J., 18 Palmerston Pl.
 Dickson, Miss T., 13 Osborne Terrace.
 Douglas, Miss E. M., 86 Spottiswoode Street.
 Douglas, Miss R. B., Lurgan Villa, Gilmore Place.
 Drysdale, Miss Jean T., 70 Pilrig St.
 Dudgeon, Miss, 18 Grosvenor Street.
 Dun, Miss, Gorgie House, Gorgie.
 Durham, Mrs. Wm., Pitkerro, Milton Road, Portobello (*Local Treasurer*).
 Fairbairn, Miss M. R., Ferndale, 88 Dalkeith Road.
 Ferguson, Miss H., 8 Blantyre Terrace.
 Finlayson, Miss M. G., 8 Thirlestane Road.
 Fraser, Miss, Beaufort, Newhaven Rd.
 Gilmer, Miss, 14 Chester Street.
 Gowan, Miss C. M., 12 Kilmaurs Ter.
 Grant, Miss, 195 Newhaven Road.
 Gray, Miss, Linthorpe, Craighall Road.
 Gray, Miss, 33 Hermitage Gardens.
 Guild, Miss, 5 Royal Circus.
 Harley, Miss, 45 South Clerk Street.
 Hay, Miss, 28 Esplanade, Joppa.
 Hunt, Miss, Ascog, Chalmers Cresc.
 Hunter, Miss J., 7 Scotland Street.
 Hunter, Mrs., 100 Warrender Park Rd.
 Inglis, Miss, Bonnington Park House, Newhaven Road.
 Ingram, Mrs., Seafield, W. Ferry Rd.
 Jackson, Miss, 5 Wester Coates Avenue.
 Kerr, Miss, 15 Royal Terrace.
 Landale, Miss, 25 Belgrave Crescent.
 Langshaw, Miss E. M., 52 Mayfield Rd.
 Lawson, Miss, 5 Rosslyn Terrace.
 Legget, Miss, 2 Ravelston Terrace.
 Lorimer, Miss Agatha M. S., Nurses' Home, Edinburgh Royal Infirmary.
 Lumsden, Mrs., 23 Ladysmith Road.
 M'Carthy, Miss, 31 Stafford Street.
 Macgregor, Miss C. I., 2 Greenhill Pl.
 Mackie, Miss E. M., 16 Greenhill Gardens.
 M'Lean, Miss, 17 Hartington Place.
 Marshall, Miss E. L., Hollywood, Canaan Lane.
 Massie, Miss N., 36 Pilrig Street.
 Mathewson, Miss, 1 James Street, Portobello.
 Mein, Miss, 8 Montpelier Park.
 Melrose, Miss, 3 Polwarth Grove.
 Morton, Miss, 35 Inverleith Row.
 Munro, Miss, 26 M'Laren Road.
 Murray, Miss M., 23 Mayfield Terrace.
 Nasmyth, Miss, 27 Palmerston Place.
 Newton, Miss, 3 James Place, Leith.
 Paul, Miss Eva, 14 Polwarth Grove.
 Pool, Mr. George, 28 Springwell Pl.
 Ramsay, Miss, Brighton Park, Portobello.
 Reid, Miss, 5 Ravelston Park.

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| <p>Ridgeley, Mrs., 13 Warrender Park Crescent.</p> <p>Robertson, Miss, 7 Eglinton Cresc.</p> <p>Robertson, Miss E., 6 Mortonhall Rd.</p> <p>Rowe, Miss, 19 Great Stuart Street.</p> <p>Runciman, Miss Beatrice, 9 St. Fillan's Terrace.</p> <p>Sawers, Miss, 30 Mansionhouse Road.</p> <p>Saxty, Miss, 15 Hope Park Terrace.</p> <p>Shaw, Miss C. E., Lealholm, 96 Inverleith Place.</p> <p>Shepherd, Miss Sophie, 1A Inverleith Row.</p> <p>Smith, Miss, Clifton Lodge, Boswall Road, Wardie.</p> <p>Smith, Miss, 47 Lauder Road.</p> <p>Somerville, Miss, 47 Cluny Gardens.</p> <p>Spence, Miss Evelyn C., The Holmes, Granton Road.</p> | <p>Stechan, Miss, 11 Maxwell Street.</p> <p>Stewart, Miss, 4 Netherby Road.</p> <p>Sym, Miss, 4 Greenhill Place.</p> <p>Symington, Mrs., 20 Ryehill Pl., Leith.</p> <p>Taylor, Miss, 6 Kilgraston Road.</p> <p>Thornton, Miss, Merrimar, Kinnear Rd.</p> <p>Toshach, Miss, 9 St. Leonard's Bank</p> <p>Walker, Miss, 31 Stirling Road.</p> <p>Watson, Miss, 15 Coates Crescent.</p> <p>Watson, Miss Abington, 9 M'Laren Road.</p> <p>White, Miss, Springbank, Ferry Road.</p> <p>White, Mrs., 18 Dundas Street.</p> <p>Wight, Miss, 14 Duke Street.</p> <p>Wilson, Miss, 32 Warriston Crescent.</p> <p>Wise, Miss, 19 Manor Place.</p> |
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THE TWENTY-SECOND ANNUAL REPORT

OF THE

COMMITTEE OF MANAGEMENT

OF

The Royal Victoria Hospital for Consumption, Edinburgh,

For the period ending 15th May 1912.

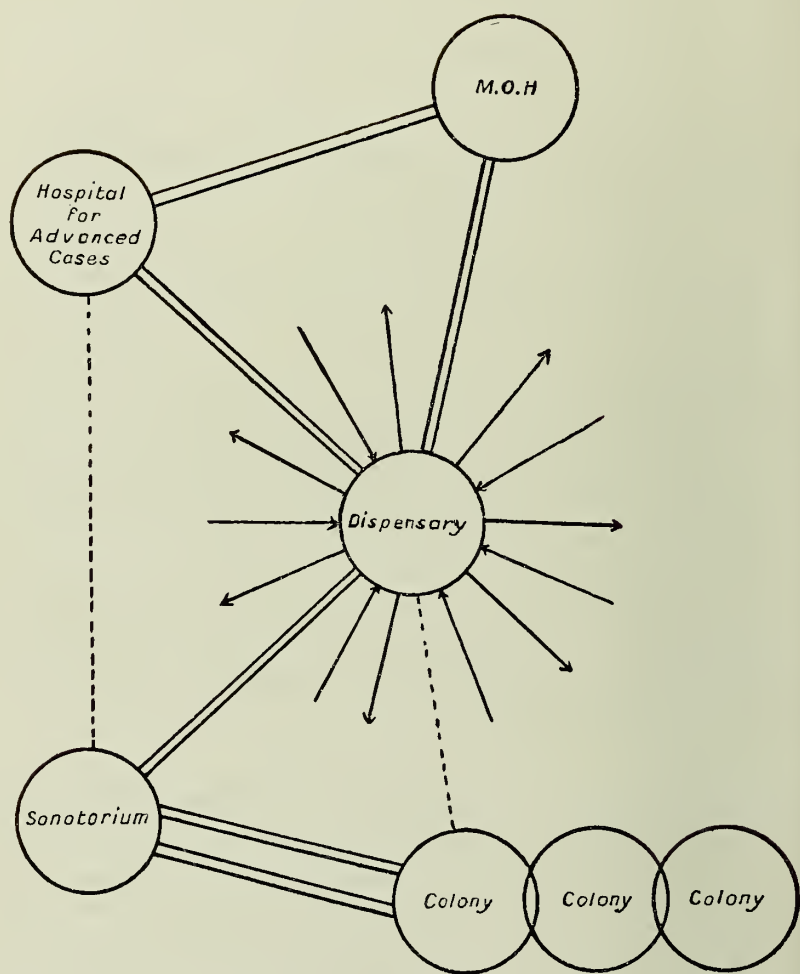
THE Committee of Management have pleasure in submitting the Twenty-second Annual Report.

The year has been an eventful one to the several institutions which together constitute the Edinburgh Anti-tuberculosis Scheme, and to the wider interests of tuberculosis throughout the country.

In November 1911 the Edinburgh Co-ordinated Scheme entered on its twenty-fifth year, and in the course of the coming autumn the occasion will be pleasantly punctuated by the inauguration of the extensive and well-equipped new Dispensary Buildings.

WIDENING INTEREST IN TUBERCULOSIS.

The passage through Parliament of the National Insurance Act—with its special provisions for Sanatorium Benefit—has drawn the attention of the nation in a larger degree than before to the needs and possibilities of the treatment of tuberculosis. The awakened interest has been increased by the appointment of a Treasury Committee “to report upon the considerations of general policy in respect of the problem of tuberculosis in the United Kingdom in its preventive, curative, and other aspects, which should guide the Government and local bodies in making or aiding provision for the treatment of tuberculosis in sanatoria or other institutions or otherwise.”



EDINBURGH ANTI-TUBERCULOSIS SCHEME:
GENERAL PLAN.

The Interim Report of this Departmental Committee which has just been issued is of much interest and value. Its conclusions constitute an endorsement of the institutions and methods which have been gradually evolved in the Edinburgh Co-ordinated Scheme.

The Departmental Committee's Report places the Tuberculosis Dispensary as the first unit in the national anti-tuberculosis scheme. It includes, as the second unit, the various residential institutions, viz. the Sanatorium, the Hospital for Advanced Cases, and the Farm Colony. It emphasises the need for co-operation and co-ordination of the activities of the several factors, as has been frequently dwelt on in successive Annual Reports of the Royal Victoria Hospital.

Outside Great Britain it is interesting to note the growth of a consensus of opinion in favour of such co-ordinated methods. This was remarkably illustrated in the proceedings of the International Congress on Tuberculosis which took place at Rome in April 1912.

A considerable exhibit illustrative of the Edinburgh Co-ordinated System was by request of the Committee placed in the International Exhibition of Hygiene held at Dresden in the summer of 1911, and a similar exhibit is at present, by request of the Italian Committee, in position at the International Exhibition of Hygiene in Rome. The Roman authorities, as represented by Professors Tamburini, Gualdi, and Signorelli, have expressed their intention of adopting the Edinburgh Scheme for development in Rome.

The extension of interest and the discussions which have been aroused have served effectively to press home the fact that the problem of tuberculosis is a much larger one than is generally conceived.

EFFECT OF INSURANCE ACT.

It would be a great mistake to suppose that, because of the provisions of the Insurance Act, everything has been accomplished in relation to the prevention and treatment of the disease and that the need for voluntary effort has



ROYAL VICTORIA DISPENSARY: "MARCH PAST" OF HOUSEHOLD TO DETECT EARLY CASES.

ceased. Contrariwise the claims of the consumptive poor are only beginning to be realised and understood.

The treatment of insured persons affected by tuberculosis—even if we include the treatment of their dependants—covers a small portion of the field only. This is little more than the fringe of the subject. The problem of prevention before the nation is immensely wider. The effective solution will only be achieved by a close and harmonious co-operation between all the agencies, official and voluntary, which can be pressed into a concerted, intelligent service.

SEMI-JUBILEE OF THE EDINBURGH ANTI-TUBERCULOSIS SYSTEM.

The Co-ordinated Scheme, represented by the Royal Victoria Hospital, the Victoria Dispensary, the Farm Colony, and the Tuberculosis School, is within sight of the completion of twenty-five years' work. The approach of the semi-jubilee invites a rapid review of the development and progress of the Scheme.

The Scheme was inaugurated formally on the 23rd November 1887 by the opening of the Victoria Dispensary for Consumption. The Dispensary was a novel conception in relation to tuberculosis. Dr. Hermann Biggs—New York's great sanitarian—has described the creation of the Victoria Dispensary as the starting-point of the modern anti-tuberculosis movement.

THE TUBERCULOSIS DISPENSARY.

The purposes and methods of the Dispensary may be recalled shortly. The aim of its founder was to create a centre, where the manifold aspects of tuberculosis could be comprehensively handled—a centre of information for patients and the public regarding the nature of the disease and the means of treatment and prevention—a collecting centre for patients among the poorer classes where advice and treatment on modern lines would be available—and, especially, a centre from which would pass to the homes



FIRST VISIT OF CONSUMPTION DISPENSARY NURSE IN INFECTED HOUSE.

of the people a practical knowledge of the great principles of prevention through the visits of specially trained doctors and nurses, who in turn would search for the earliest manifestations of the protean disease among the inmates of the dwellings to which they obtained access.

The inspiration of the movement was the fact of the infective and endemic character of tuberculosis. The establishment of the Tuberculosis Dispensary meant that it was not sufficient to wait until cases of tuberculosis presented themselves. The folly of awaiting the ripening fruit of tuberculosis was exposed. Tuberculosis was to be *sought for*, if it was to be controlled and finally eradicated. The breeding-grounds of tuberculosis must be raided.

By the creation of the Tuberculosis Dispensary it came to pass that each case of tuberculosis, coming to the institution, became the clue to others. These were discovered by the Dispensary doctor in his systematic "March-Past" of the household. In this way as many as fifteen cases of tuberculosis have been found in one family connection.

EXTENT OF OPERATIONS.

The extent of operations is apparent when it is recalled that since its foundation the Victoria Dispensary has dealt with no fewer than 23,118 individual cases, and that latterly the Dispensary doctors have made some 14,000 attendances every year on patients either at the Dispensary or at their own homes, and some 8000 visits have been made by the nurses of the institution to the patients' homes.

Realising that each visit means the institution and development of preventive principles and their special adaptation to the needs of the given household, it is difficult to overestimate the significance to the community of such a scheme of domiciliary visitation.

The Tuberculosis Dispensary started with the conception that tuberculosis was a wholly unnecessary evil—the expression of a partial, blundering civilisation—and that tuberculosis could be controlled and eradicated by the sympathetic, practical education of the people in their own homes.



CONSUMPTIVE'S HOME UNDER THE CARE OF THE DISPENSARY NURSE.

The aim of the Dispensary has been the hygienic recreation of these homes by the people themselves, in their own interest, guided by trained supervision and assistance as each case requires. Its goal has been to ensure that not one case of tuberculosis should remain undetected and uncared for, and that not one dwelling in which tuberculosis had occurred should escape observation.

Beyond the immediate treatment of the tuberculous patient at the Dispensary and his own home, the Tuberculosis Dispensary has become a great "clearing-house" for the different varieties of tuberculosis which required institutional treatment. The skilled officers of the Dispensary classify the cases and distribute them in fitting fashion to the available hospitals and institutions.

The statistical tables (pp. 43-47) show the extent of operations, and illustrative cases are cited on pp. 50, 51.

THE HOSPITAL OR SANATORIUM.

The Committee soon felt the need of a sanatorium for the curative treatment of early cases. To meet this want, the Royal Victoria Hospital was opened in 1894—the first of its kind in Great Britain. Commencing with fifteen beds, the Hospital has steadily increased its borders until at the present time the indoor accommodation has reached almost one hundred beds.

The Hospital demonstrated in unmistakable fashion what was then little dreamt of, namely, the universal applicability of the open-air treatment of tuberculosis. It paved the way for the institution of similar sanatoria throughout the kingdom. It brushed aside the old conception of protection of consumptive patients, and established the doctrine that the fundamental element in treatment consisted in fullest exposure to the open air.

In like manner it showed the needlessness of sending patients far afield. Mountain tops and pine woods are not needed for the successful treatment of the disease. It can be as effectively handled close to the gates of our cities as in those distant, inaccessible spots where sanatoriums have sometimes been erected.



Marshall Wane & Co., Photographers.

INTERIOR OF PAVILION SHOWING ARRANGEMENT OF BEDS IN RELATION TO OPEN WINDOWS.

It also showed the uselessness of maintaining a tuberculous patient continuously at rest, as had been largely the custom previously, and proved conclusively that success in the treatment of tuberculosis was to be found in the judicious alternation of rest and movement, according to the varying stages and phases of disease.

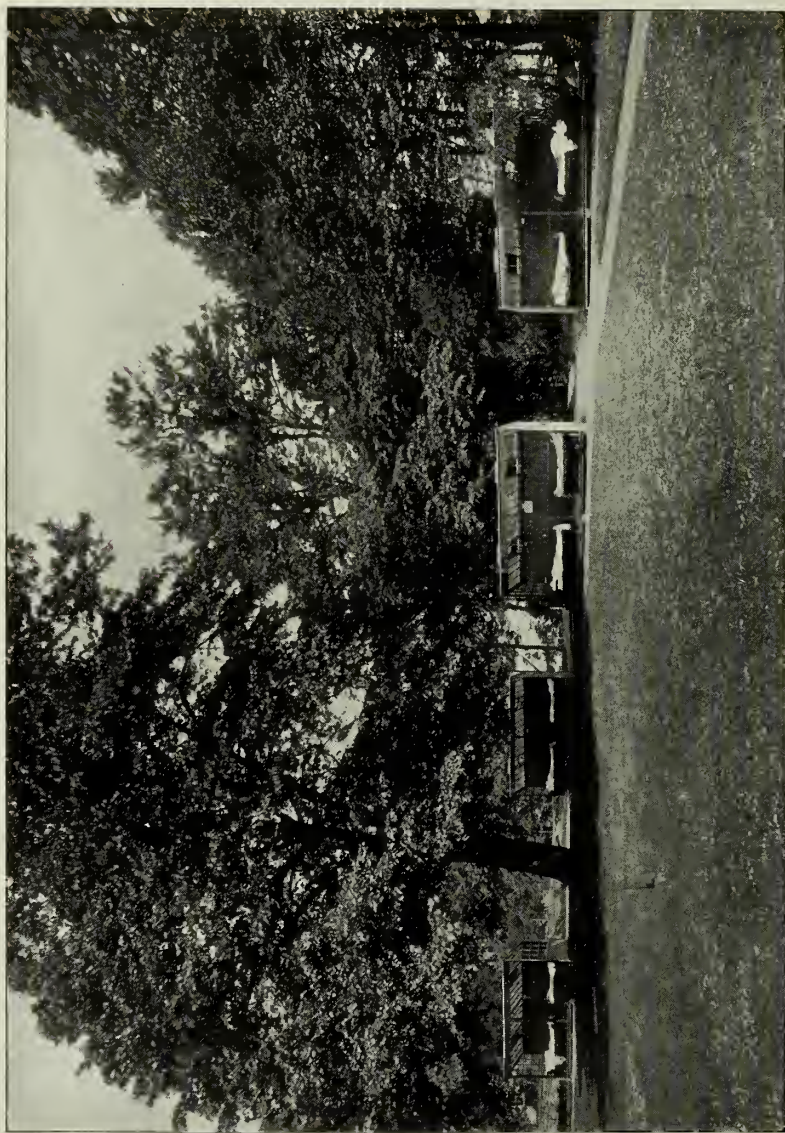
The striking results attained by the Hospital at this early date were quoted by the late Professor Sir Grainger Stewart at the historic meeting convened at Marlborough House by the late King Edward—then Prince of Wales—as an argument for the institution of sanatoria throughout Great Britain, and the late Sir William Broadbent, in 1898, wrote as follows: “At length we have become alive to the fact that the curative agent is not any particular air, but simply air. Thus the remedy for consumption lies ready to our hands, and, instead of being attainable only by the favoured few, is available for all. I hold in my hand a pamphlet by Dr. Philip, of Edinburgh, of which the title is, ‘On the Universal Applicability of the Open-air Treatment of Pulmonary Tuberculosis,’ and this is not a mere pious aspiration, but a verified experience. At Edinburgh, on the Norfolk coast, in Ireland, and elsewhere, it has been shown that consumption can be treated successfully in practically all parts of our islands. This has revolutionised our ideas, and it has created new duties.” (*Lancet*, 29th October 1898.)

TUBERCULIN.

In 1890, at the date of his introduction of tuberculin, Professor Robert Koch sent from Germany one of the first supplies of tuberculin for the use of the patients of the institution. Since that date, the treatment of tuberculosis by means of tuberculin has been continuously and successfully undertaken in connection with the Royal Victoria Hospital.

RESULTS.

Up to date, 2085 resident patients have been under treatment in the Hospital. To this number must be added 329 patients who have attended the Hospital daily as



OPEN-AIR SHELTERS, AS ARRANGED FOR NIGHT USE.

"visitants"—spending their day under the Hospital régime and returning home to sleep.

All the patients, both resident and visitant, follow the same broad lines of treatment developed by the Hospital, and are passed on gradually from perfect rest on open-air lines to the highest degree of muscular activity. A more detailed statement of the scheme of physical treatment and the system of physiological badges is given on pp. 38, 39.

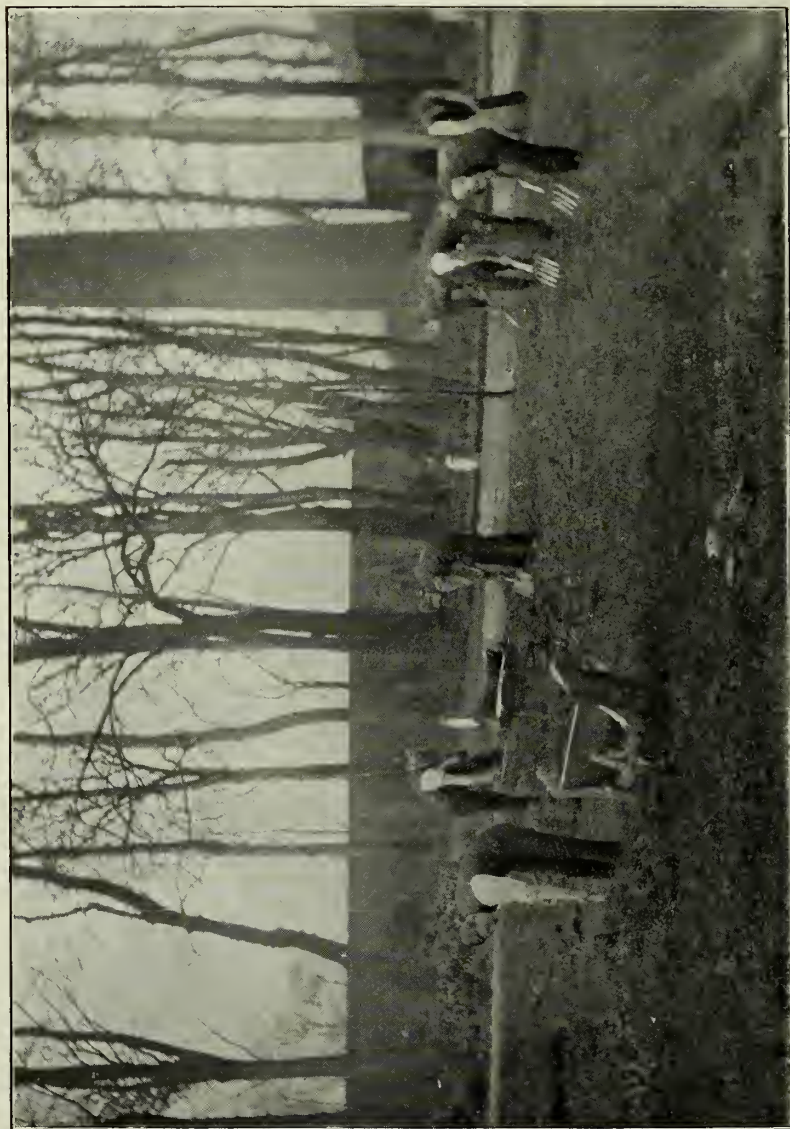
What as to results of treatment? These have been highly satisfactory. The principle pursued by the Hospital has been to continue the residence and treatment of the patient for such time as seemed desirable in each case. No formal limit of time has been assigned. The physicians in charge have been the arbiters as to the requirements of each patient. What has been sought is a permanent arrest of the disease. In this way, approximately 75 per cent. of the patients have achieved a good recovery.

The statistical tables (pp. 40-43) show the extent of operations, and illustrative cases are cited on pp. 52, 53.

EDUCATIONAL VALUE.

In addition to the curative value of the Hospital, much of lasting importance to the community has been attained along educational lines through the training received by the patients during residence and the object lessons afforded week by week to the friends of patients in their visits to the institution. The influence conveyed in this fashion throughout the city and country is incalculable.

The educational aspect of sanatorium treatment has been further developed in respect of a certain number of patients received for a limited period only—more especially those patients who were sent through the Medical Officer of Health under the arrangement come to between the Town Council of Edinburgh and the Committee of Management. In accordance with this arrangement, ten patients recommended by the Medical Officer of Health and approved by the physicians of the Hospital, have been received for a period of three months. The time of residence is admittedly too short to ensure permanence of



AT THE HOSPITAL: GRADED ACTIVITIES

cure, but it is long enough to let the patient see what he must do, and what he must avoid, if he is to get well. It serves to spread a knowledge of clean living and clean working throughout the community. Almost every patient who has come to the Hospital under this arrangement has progressed favourably. The majority have been put far on their way to recovery.

THE FARM COLONY.

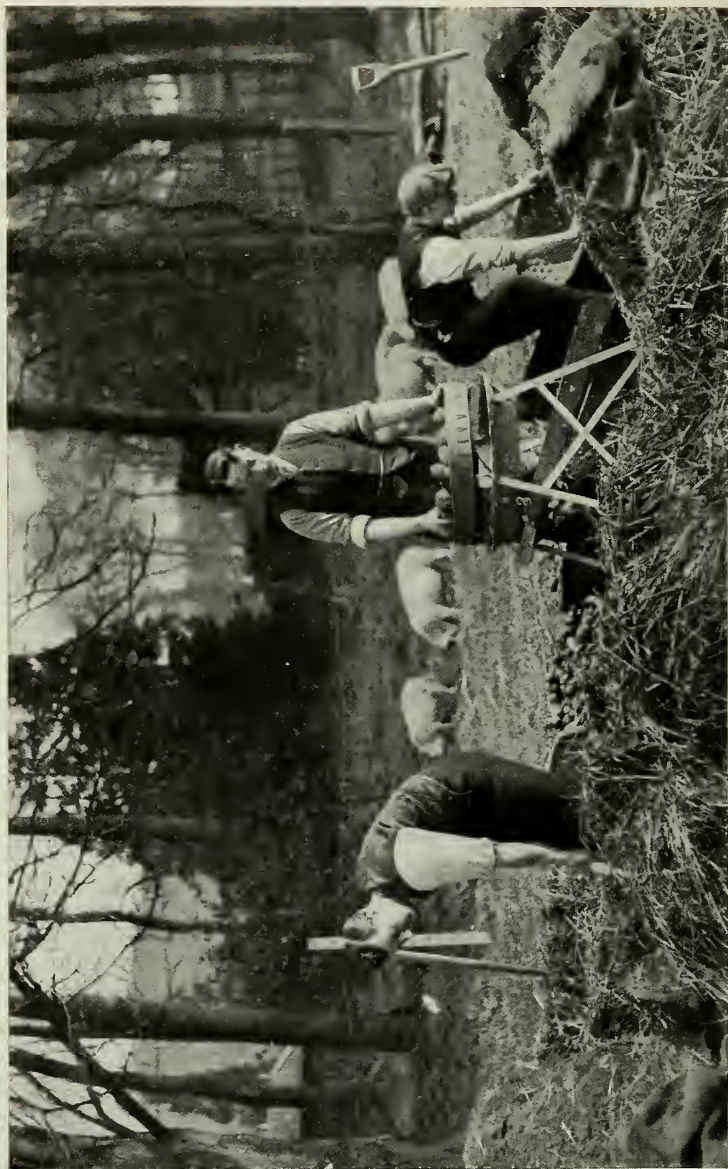
The experience of dispensary and sanatorium treatment, with the advantages of treatment by alternating rest and movement so frequently described, led to the conclusion that, while for the majority of patients the benefit resulting from the treatment could be sufficiently achieved at the sanatorium or even at the dispensary, for a certain percentage of patients more prolonged and close surveillance was necessary if a permanent cure was to be effected.

On this account the Farm Colony was proposed as an additional factor in the co-ordinated scheme. The purpose was to get over the dangerous period after discharge from the sanatorium, during which relapse is prone to occur in the group of cases referred to. At the Farm Colony the patients continue under the eye of a trained observer, and receive at the same time education in domestic and farm economy, such as will make them serviceable citizens wherever they go.

The Farm Colony has been compared to a post-graduate school suited to the requirements of a certain number of patients who need more prolonged surveillance and direction than is possible at the Hospital—persons to whom an immediate return to their ordinary vocations, even after six months at the Sanatorium, would probably mean recurrence of trouble.

SUCCESS OF THE COLONY.

The Farm Colony was opened in the summer of 1910, and the results have proved eminently satisfactory. With hardly an exception the "colonists" have done well. The



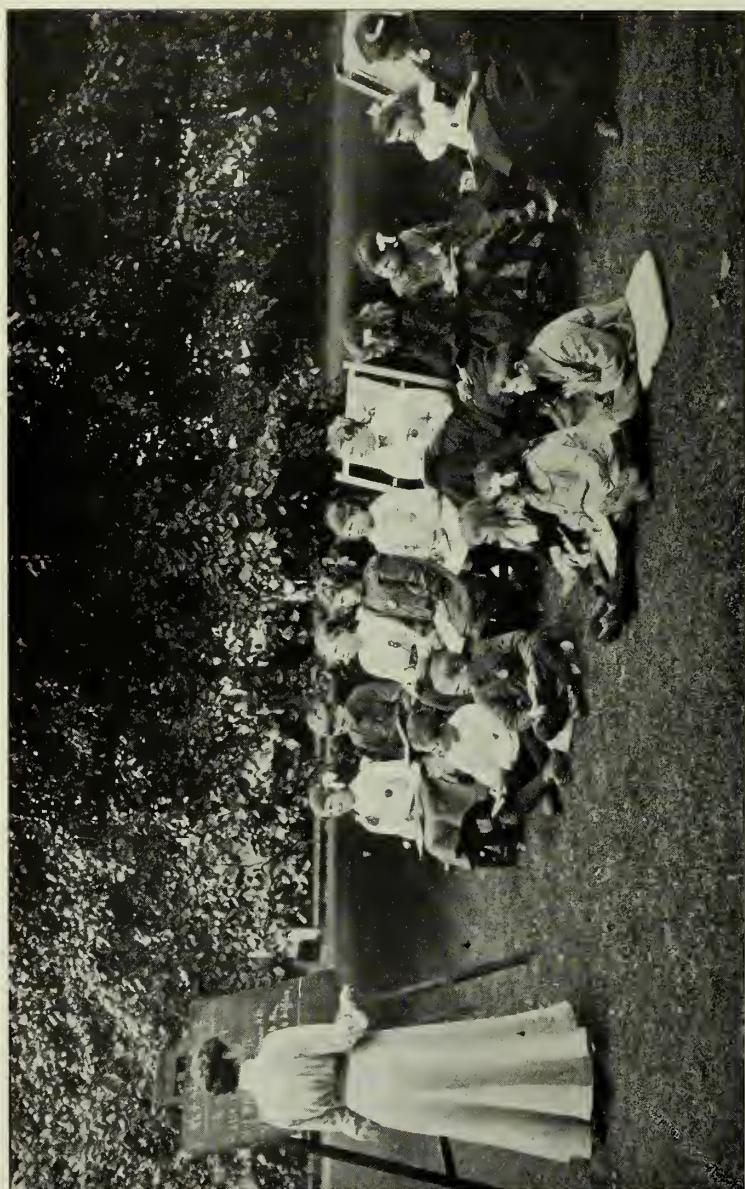
AT THE FARM COLONY: SELECTING SEED POTATOES.

purpose of the institution has been achieved in the final arrest of the disease.

Within two years the estate, which had been previously residential only, has been transformed into a busy farm, in the work of which men and women have participated with evident pleasure and striking benefit. A visit to the colony in no way suggests a visit to an hospital. The whole aspect is that of a home of active workers. Each colonist is trained to look after himself domestically on simple, sane lines. Each has a chance of learning the different departments of farm life—gardening (flowers and vegetables), ploughing, sowing, reaping, how to rear chickens and pigs, and how to market produce advantageously. Incidentally the several workers are initiated into the methods of other trades.

Economically the Farm Colony is proving successful. Notwithstanding the initial difficulties and expenses, there are indications that the colony may at no distant date be self-supporting. The turnover in relation to the various departments of produce has been satisfactory. There has been a larger demand for supplies of produce than the colony has been able to meet. It should be noted that the colony first of all supplies itself and the hospital with produce. Beyond this, abundant markets have been obtained in Edinburgh, and, for the larger produce, in different parts of Scotland and the North of England. Each month has seen fresh developments, and already the Committee have been compelled largely to increase the accommodation for stock and for office purposes.

There is likewise a satisfactory demand for the services of the colonists after they have finished their year of probation and training. It is the aim of the institution to direct the energies of the individual colonist along lines most likely to be fruitful in his particular case. Each man and woman is thus considered separately, and, according to the results obtained, an endeavour is made to arrange a suitable post afterwards outside. Already thirty-four colonists have served their full time and have been passed on to regular well-paid work either at home or abroad.



TUBERCULOSIS SCHOOL.

The statistical tables (pp. 48, 49) show the extent of operations, and illustrative cases are cited on p. 53.

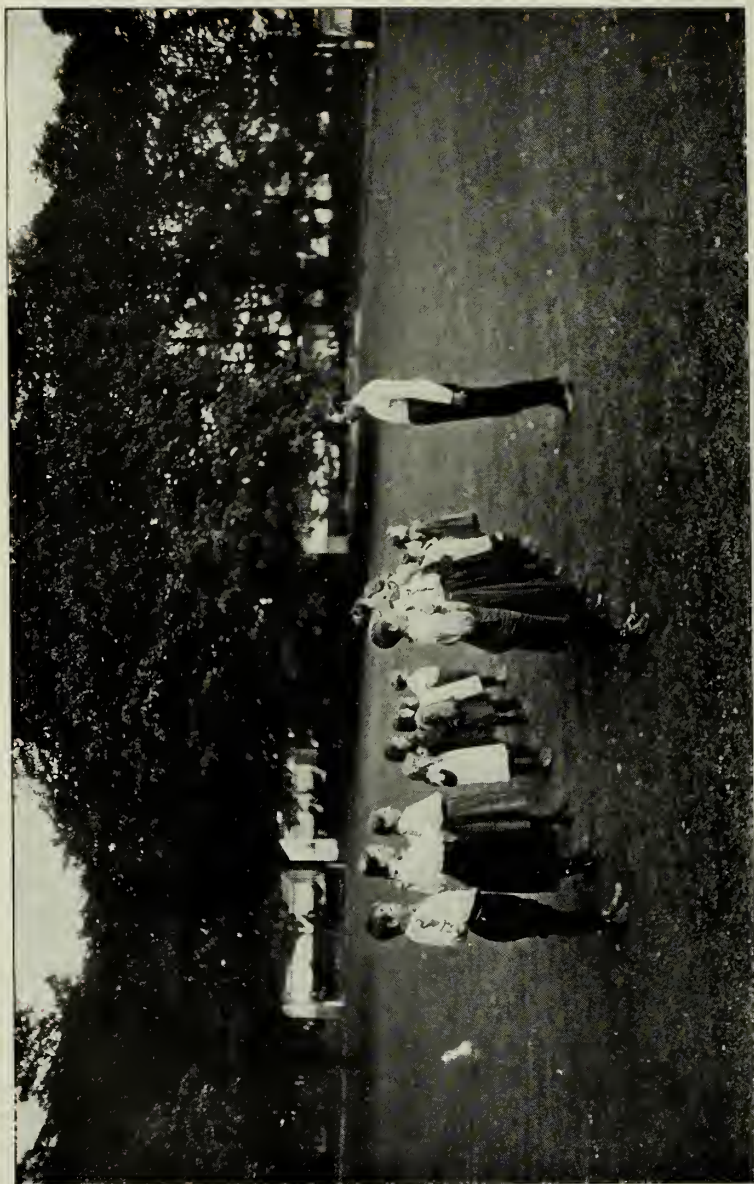
THE TUBERCULOSIS SCHOOL.

The systematic examination of households, inaugurated many years ago by the Tuberculosis Dispensary, led to the conclusion that tuberculosis is of great frequency in childhood. Facts have gradually accumulated which go to show that the majority of children become infected sooner or later. It is on this account that the Victoria Dispensary has emphasised so strongly the home as the field of anti-tuberculosis effort. If tuberculosis is to be eradicated, it is especially to the nurseries and schools of the nation that attention should be directed.

Simultaneously with the recreation of the home, the aim must be to make every school as far as possible an open-air school. The need for such a school devoted especially to tuberculous children was soon felt in the work of the tuberculosis dispensary. For the past six years the idea has been practically realised by the establishment of the Tuberculosis School within the grounds of the Royal Victoria Hospital.

Some thirty children are in regular attendance. The experience of the school has shown that in the child, just as in the adult, success in the treatment of tuberculosis lies in the carefully adjusted alternation of rest and activity. During the acuter stages of disease the affected child rests entirely. With advancing improvement, the child's time and energies are gradually engaged in lessons and occupations suited to his age. Recovery of health is manifestly hastened by the steadily increasing activity of mind and body. In not a single instance since the institution of the school have the children failed to benefit. In the majority of cases the results on body and mind have been most striking.

The cardinal principle of the school is that the physical health of the child has the first claim on the part of those who are directing the school. Educational methods must be regulated by, and adapted to, the needs and possibilities



TUBERCULOSIS SCHOOL: RESPIRATORY DRILL.

of the little patient. Each case must be judged *per se*. Hence the great advantage of having the Tuberculosis School linked with the Tuberculosis Dispensary and Hospital. The staff of the Dispensary determine which patients are suitable for transference to the school, and the staff of the Hospital regulate the amount of school work in a given case.

DENTAL DEPARTMENT.

The frequent association of bad teeth with tuberculosis and other forms of disease has been strikingly shown by continuous observation at the Hospital and Dispensary. Careful attention has been given to the matter in the training of patients both by doctors and by nurses.

In the Hospital, a special Dental Department has been established. The teeth of every patient are minutely examined, and treated, when necessary. Exact records are made, just as of other organs. The patient himself is taught to regard the condition of his teeth as of first importance. He is advised that by keeping a thoroughly clean mouth he is establishing an effective barrier against microbic attack.

NEW DISPENSARY BUILDINGS.

The Victoria Dispensary commenced work in 1887 up a stair in Bank Street. Four years later, it was transferred to larger premises in Lauriston Place, where its operations have long since outgrown the available accommodation. The need of enlargement has been much in the minds of the Committee, but the claims of other departments have prevented a satisfactory extension up to the present time.

A great forward step has been taken this year. The Committee seized the occasion of the Coronation, and addressed an appeal for funds to enable them to erect a Tuberculosis Dispensary sufficient for the needs of Edinburgh and the surrounding district. The appeal met with a most encouraging response.



AT THE HOSPITAL: ROAD MAKING

The Committee have been fortunate in acquiring the extensive buildings which formed St. Cuthbert's United Free Church and Hall. The site, at the junction of Lady Lawson Street and Castle Terrace, is an ideal one. It is literally the centre of the areas from which the majority of the patients come. The buildings have lent themselves well to the necessary adaptation.

The New Dispensary is far on its way to completion, and the Committee hope that it will be very soon at work. The Dispensary will include not only greatly increased accommodation for consultations and routine medical examination, but likewise, a research department, museum, library, and lecture hall. It is proposed to inaugurate the new buildings on the twenty-fifth anniversary of the original foundation.

THE OUTLOOK.

The Committee are much impressed by the great possibilities which exist in and around Edinburgh for the effective provision of "Sanatorium Benefit" in the large sense. They endorse the recommendation of the Departmental Committee as to the desirability "that, in framing complete schemes, regard should be had to all the existing available authorities, organisations, and institutions, with a view to avoiding waste by overlapping, and to obtaining their co-operation and inclusion within the schemes proposed."

As anti-tuberculosis activity has gradually developed in Edinburgh during the past twenty-five years, the relations between the city authorities and the Royal Victoria Hospital have been most pleasant. First, the late Bailie Pollard, and later Mr. (afterwards Sir) James Gibson, as Conveners of the Public Health Department, availed themselves freely of the experience of the Committee with respect to the development of anti-tuberculosis measures within the city. As an outcome of numerous consultations, both these Conveners recommended the provision by the city of large accommodation within the City Hospital for the treatment of more advanced cases, and left to the Royal



AT THE FARM COLONY: BUNCHING FLOWERS FOR THE MARKET.

Victoria Hospital the provision of accommodation for the treatment of early cases.

More recently, the city entered into an agreement with the Royal Victoria Hospital whereby ten patients selected by the Medical Officer of Health and approved by the physicians of the Hospital, are received into residence at the Royal Victoria Hospital. The arrangement has worked well, and almost every patient has made excellent progress. In addition to this a satisfactory working arrangement was concluded whereby all the results and records of the Victoria Dispensary, which have been accumulated during the past twenty-five years, and which are daily being added to, are made available to the Medical Officer of Health, while the municipality made an annual contribution of £450 towards the working expenses of the Dispensary.

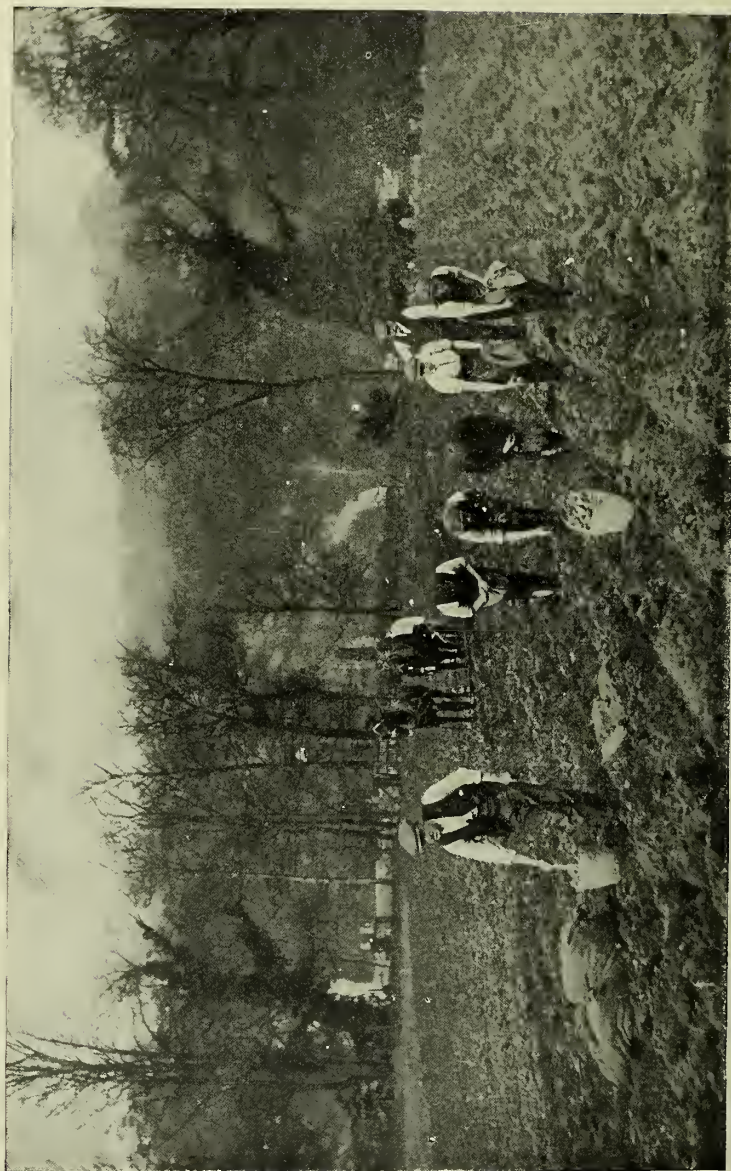
There exists accordingly in the City of Edinburgh a comprehensive scheme of co-ordinated anti-tuberculosis activity which includes the several institutions proposed and recommended by the Departmental Committee on Tuberculosis. These are correlated in large part already, and the whole affords a good working pattern.

The Committee of the Royal Victoria Hospital take the opportunity to express their wish to maintain co-operation in any further developments which may be found necessary. Their hope is that in this way the methods and institutions which the experience of a quarter of a century has gradually developed will continue at the service of the citizens.

OFFICE-BEARERS.

The Committee record with deep regret the great loss which the Hospital has sustained in the death of Sir Alexander Kinloch, Bt., of Gilmerton, the Vice-President of the Hospital, and their high appreciation of the services he rendered to the Institution.

Sir Alexander Kinloch was a member of the Committee of Management for many years, and throughout the whole period took the liveliest interest in everything which concerned it. He had an intimate knowledge of its affairs



AT THE FARM COLONY: PLANTING POTATOES.

and was a constant and generous friend. His genial presence and wise council will be greatly missed.

The Committee have pleasure in announcing that Sir Ralph Anstruther, Bt., has accepted their invitation to fill the vacant post of Vice-President.

FINANCES.

The Committee are happy to report a further decrease in the expenditure per bed of £2, 9s. 8d. This has been attained by the most careful supervision of expenditure in all departments, and the Committee acknowledge the valuable services in this connection of the treasurer, the lady superintendent, and the other officials.

The maintenance and development of the various departments of the Hospital necessarily implies continuous and growing outlay. The expenditure of each department is rigidly supervised by a Sub-Committee, and the utmost care is taken that no unnecessary expenditure is sanctioned. In spite of this they have to report for the various institutions a total excess of ordinary expenditure over income of £2520, 18s. 9d.

The Committee recognise that with the increased attention which is at present given to the whole question of tuberculosis there will be a further need for outlay in connection with each department of the work. There are numerous directions in which the several arms of the anti-tuberculosis organisation should be extended. The results, in respect of the treatment of individuals, and likewise in respect of the falling death-rate in the city and throughout Scotland, afford the best encouragement to go forward. They would therefore once more make an earnest appeal to present subscribers for an increase in their subscription, and to those who have not yet subscribed, to assist in the great campaign.

SAMARITAN COMMITTEE.

The ladies of the Samaritan Committee have continued their effective labours among the poorer patients whose illness is gravely complicated by financial distress. The

Samaritan Committee meets once a fortnight and considers in detail all such cases which have been selected from the large clientèle of the Dispensary by the doctor and nurse. A detailed report (see p. 35) is submitted, and, if thought desirable, the case is assigned to the special care of a member of the Committee, the object being to direct relief as far as possible through existing channels. The Committee have fostered close co-operation with the Charity Organisation Society and other agencies.

Cases illustrative of the work of the Committee will be found on pp. 51, 52.

Donations to the Samaritan Committee, whether in money or in the form of clothing, blankets and the like, will be gratefully received. Parcels of clothing will be called for, on information being sent to the officer at the Dispensary.

VOTES OF THANKS.

The Committee have once more to express their best thanks to the many kind donors who, in one or other way, have supported the Institution and thus lightened the suffering of the consumptive poor, and helped to reduce the amount of disease in the community. The subscriptions and donations are acknowledged on pp. 57 *et seq.* They are grateful to all kind friends who have visited the Hospital and who, from time to time, have contributed to the entertainment of the patients. They are grateful to the ladies and gentlemen forming the local auxiliaries of this national institution. They desire to offer their best thanks to the members of the medical staff and other office-bearers, the lady superintendent, nurses, members of the Samaritan Committee, and lady collectors. They owe a special debt of gratitude to the clergymen of the various churches who, on Sundays and during the week, have most willingly ministered to the patients.

In name of the Committee of Management,

A. CHRISTISON,
President.

APPENDIX I.

SCHEDULE OF INQUIRY REGARDING
DISPENSARY PATIENTS.

No. in Ledger..... *Date of Report.....*

Name? Age?
 Address? Married or single?
 Occupation? Has patient changed occupation?
 Able to work full time? Or part time?
 If unable, confined to bed?
 How long ill?
 Situation of house (area, ground floor, 1st, etc.)?
 Number and ages of inmates?
 Number and description of rooms?
 General aspect of house (clean, damp, dusty, smelly)?
 Number of windows? Can they open?
 Are they kept open (a) by day?
 (b) by night?
 Have they always been kept open?
 Does patient sleep alone (a) in bed?
 (b) in room?
 How is washing of clothes done?
 How long in present house?
 If has moved within two years, previous addresses?
 Have there been illnesses or deaths in house?
 (a) In own time?
 (b) In previous occupancy?
 Exposed to infection (a) at home?
 (b) at work?
 (c) among friends?
 Present health of other members of household?
 What precautions taken to disinfect?
 T. B. in sputum?
 T. B. in dust of room?
 General dietary? Teetotal?
 General condition (well-to-do, badly off)?
 Proximate income of household?
 Assisted by societies, church, friends, rates?

Signed.....Reporter.

.....Medical Officer.

APPENDIX II.

RULES FOR CONSUMPTIVE PATIENTS AND THOSE LOOKING AFTER THEM.

*(As issued to Patients at The Royal Victoria Hospital
and Dispensary.)*

Consumption is a communicable disease. It may pass from person to person. It may pass from one lung to the other, or from one organ to another.

The chief source of infection is the expectoration of the consumptive. The great danger lies in the drying of the expectoration, and the blowing about of the dried infectious material.

The spread of consumption can be largely prevented. *If the succeeding directions be obeyed, there need be no serious danger in ordinary intercourse with patients. The breath of the consumptive is not directly infectious.*

The patient should expectorate into a jar or cup containing a tablespoonful of carbolic acid (1 to 20) or other disinfectant.

The vessel should be changed once in twelve hours, or oftener. It should be cleansed by being filled up with *boiling* water. The combined contents should be poured down the w.c. The vessel should then be washed with *boiling* water.

When the patient is out of doors, he should carry a pocket spitting flask (such as The Royal Victoria Hospital model). The flask should be used and cleansed like the jar. The patient should never spit on the streets.

The patient should not use handkerchiefs for expectoration. If this ever has to be done, the handkerchief should be of an inexpensive material, that it may be burned after use. Squares of rag or paper, which may be used for convenience, should be similarly treated.

The expectoration should on no account be swallowed, for thereby the disease may pass to other organs.

Consumptive patients should avoid kissing.

Consumptive mothers should not suckle.

Patients with pronounced disease should have special table utensils.

If expectoration has been accidentally deposited on the floor or other object, it should be wiped up and burned, and the surface of the object cleansed with strong antiseptic.

Rooms which have been long occupied by a consumptive patient should, before occupation by someone else, be carefully disinfected, as after other infectious disease.

FRESH AIR is the *food of the lungs*. Therefore, see that the lungs be not starved.

A.—By Day.—The patient should occupy as airy a room as possible. It must be scrupulously dry, and preferably removed from the ground. *The window should be freely open.* When able, the patient should be out of doors once or several times during the day. He must *avoid over-effort*, and damp, or chill which would counteract the benefit.

B.—By Night.—He should sleep alone. The bedroom should be large and airy. *The window should be kept freely open in all weathers.*

Copies of these, on card, can be had for distribution, price 2s. 6d. per 100, on application to the Physician, The Royal Victoria Hospital for Consumption, Edinburgh.

APPENDIX III.

SCHEME OF PHYSICAL TREATMENT.

Physical Treatment is an important element in the régime of the Royal Victoria Hospital for Consumption. It is arranged in graduated stages.

On admission, each patient is placed at complete rest. During this stage, in addition to minute examination of every organ, the patient's general condition is carefully observed. According to the estimate which is made, the length of the resting period is fixed. Thereafter, in the absence of contra-indication, the patient is gradually advanced through the other stages, according to his or her physical condition. The nature and amount of activity are definitely prescribed just like drug treatment. The dose is increased or diminished as the temperature chart, pulse-rate, and other indications suggest. A coloured badge (see below) is assigned to the patient in accordance with the stage reached.

I. RESTING STAGE.

White
Badge.

On admission to the Hospital all patients are prescribed complete rest, lasting from a few days to several weeks, according to the individual case.

II. STAGE OF REGULATED EXERCISES.

This includes—

Yellow
Badge.

1. Walking varying distances, from $\frac{1}{4}$ to 5 miles—(a) on the level; (b) on sloping ground.
2. Various respiratory exercises once or twice a day.
3. Other forms of movements to improve carriage of shoulders, head, chest, etc.

III. STAGE OF REGULATED WORK.

The work is chosen with a view to utility and with due regard to the patient's individual case, and to his past trade. This stage is subdivided into four grades (*A*, *B*, *C*, *D*).

GRADE *A*.

Light Blue
Badge.

Picking up papers, leaves, and other light rubbish in the grounds.
Knitting. Sewing. Drawing.

GRADE *B*.

Emptying garden waste-boxes, and assisting to carry away rubbish.

Carrying light baskets for various gardening purposes.

Light painting work (gates, fences, furniture, etc.).

Wiping shelters. Setting tables, and laying cloth in patients' dining-room.

Cleaning silver.

Cleaning brasses, towel-rails, and taps.

Green
Badge.

GRADE *C*.

Raking. Hoeing. Mowing. Sweeping leaves.

Drawing two-wheeled barrow with assistance.

Other gardening jobs requiring a similar amount of exertion.

Heavier painting work.

Sweeping shelters. Scrubbing floors.

Cleaning boots. Cleaning knives.

Assisting in laundry (folding clothes, etc.).

Washing and drying dishes.

Dark Blue
Badge.

GRADE *D*.

Digging. Sawing.

Carrying heavy baskets for various gardening purposes.

Wheeling and drawing full wheel-barrow, and other heavy gardening work.

Drawing bath chair.

Bathing other patients.

Mangling. Window cleaning.

Polishing floors. Sweeping and cleaning courtyard.

Carpentering. Joinering.

Attending boiler. Engineering.

Red
Badge.

N.B.—In Grades *B*, *C*, and *D*, patients make their own beds and go errands if necessary.

MEDICAL STATISTICS.

I. HOSPITAL—INDOOR PATIENTS.

Since the date of opening, 2085 resident patients have been under treatment in the Hospital.

In addition to these, 329 visitant patients have attended the whole day at the Hospital, thus receiving the benefits of the régime and treatment, and returning to their own homes at night.

Thus—

Resident Patients	2085
Visitant Patients	329
	<hr/>
	2414

TABLE I.—SHOWING OCCUPATIONS OF PATIENTS SINCE OPENING OF HOSPITAL.

Artists	1	Caretakers	1
Asylum Attendants	2	Carriers	1
Auctioneers	1	Cashiers	1
Bakers	16	Charwomen	5
Bar Attendants	3	Chemists	8
Barbers	7	Claypipe Makers	2
Bill Inspectors	1	Clerkess	2
Billiard Markers	1	Clerks	157
Black Borderers	1	Cloth Lappers	1
Blacksmiths	14	Coach Bodymakers	1
Boilermakers and Riveters	5	Coal Merchants	1
Bookbinders and Folders	17	Coal Trimmers	1
Bookkeepers	4	Collectors	1
Booksellers	5	Commercial Travellers	22
Bottlers	2	Confectioners	4
Bottlewashers	1	Cooks	8
Boxmakers	1	Coopers	6
Brassfinishers	9	Cotton Bleachers	1
Brassfounders	5	Crofters	5
Brewery Workers	3	Custom's Officers	1
Brick Kiln Setters	2	Dairymaids	2
Bricklayers	2	Dairymen	3
Bui ders	2	Decorative Artists	1
Butchers	7	Dental Apprentices	1
Butlers	5	Dental Instrumentmakers	1
Byremen	1	Domestic Servants	166
Cabinetmakers	6	Drapers	18
Cabmen and Grooms	11	Draughtsmen	5
Cable Car Washers	1	Dressmakers and Milliners	64
Canvas Embossers	1	Dyeworkers	4
Canvassers	3	Electricians	8
Car Drivers	1	Electrotype Finishers	3

TABLE I.—*continued.*

Engineers	38	Lithographers	6
Engravers	2	Lithographic Stone Polishers	1
Envelope Folders	4	Machinists	17
Factory Hands	40	Maltmen	2
Farmers	3	Masons	37
Farm Servants	2	Matron in Girls' School	1
Feather Curlers	2	Mattress Makers	1
Fishmongers	2	Medical Practitioners	1
Firemen	12	Messengers	20
Footballers (professional)	1	Miller (Flour)	1
Footmen	7	Millworkers	23
Forresters	1	Miners	35
French Polishers	2	Mosaic Workers	1
Fruiterers	1	Motor Mechanics	1
Furniture Designers	1	Motor Repairers	1
Furniture Packers	1	Musicians	1
Furriers	1	Nondescript	96
Gamekeepers	7	Nursemaids	16
Gardeners	27	Nurses	21
Gas Meter Index Makers	1	Oilers in Tramways	1
Gasfitters	1	Optologists	1
Gilders	1	Pageboys	1
Glass Painters	1	Painters	21
Glassworkers	6	Paper Workers	9
Globe Menders	1	Paperbag Makers	3
Golf-ball Makers	1	Parish Sisters	1
Golf-club Makers	3	Patternmakers	2
Golfers (Professional)	4	Pawnbrokers	1
Governesses	5	Photographers	3
Grocers	20	Piano Tuners	2
Gunsmiths	2	Picture Frame Makers	1
Gymnastic Masters	1	Picture House Attendants	1
Hall Porters	1	Plasterers	4
Ham Curers	1	Plate Cleaners	2
Hewers	1	Platers	1
Housekeepers	24	Ploughmen	14
Housewives	245	Plumbers	23
Index-cutters	1	Policemen	8
Insurance Agents	3	Porters	12
Iron Turners	1	Postmen	11
Ironfounders	7	Postwomen	1
Ironmongers	11	Pressers	2
Ironmoulders	3	Printers and Compositors	65
Janitors	1	Publicans	3
Joiners	48	Purse-makers	1
Journalists	2	Quarrymen	3
Laboratory Attendants	1	Rabbit Trappers	1
Labourers	56	Railway Workers	20
Lady's Companions	10	Relief Stampers	2
Laundresses	10	Reservists	1
Leadcutters	1	Road Superintendents	1
Linesmen	1	Rubber Workers	21
Librarians	2	Saddlers	1
Linen Maids	1	Salesmen	23

TABLE I.—*continued.*

Saleswomen	47	Telephonists	2
Sawyers	3	Ticket Collectors	2
School Board Officers	1	Tinsmiths	3
School Children	197	Tobacconists	3
Seamen and Fishermen	29	Tramwaymen	13
Seedsman	3	Turners	1
Shepherds	4	Typists	10
Shirtmakers	2	Upholsterers	10
Shoemakers	10	Valets	2
Shopkeepers	15	Van Builders	1
Shop Assistants	2	Vanmen	7
Soldiers	29	Wagon-trimmers	1
Stampers and Tellers (In- land Revenue)	1	Waistcoat-knitters	1
Stationers	2	Waiters	8
Steam-hammermen	1	Waitresses	9
Steelworkers	5	Wardmaids	1
Stokers	1	Warehousemen	13
Stonecutters	6	Warehousewomen	8
Students	17	Watchmakers	6
Sugar Packers	1	Weavers	5
Surveyors	1	Wood Carvers	6
Tailors	43	Woolsorters	5
Teachers	32	Workers in Fields	3
Telegraph Boys	3		
Telegraphists	5		2414

TABLE II.—SHOWING AGES OF PATIENTS.

Under 11	80
From 11-20	633
„ 21-30	1041
„ 31-40	471
„ 41-50	164
Over 50	25
	2414

TABLE III.—SHOWING SEX OF PATIENTS.

Males, 1352 ; Females, 1062 ; Total,—2414.

TABLE IV.—SHOWING RESIDENCE OF PATIENTS.

Edinburgh	1265	Canada	1
Leith	4	Clackmannanshire	15
Vicinity of Edinburgh	198	Cumberland	16
Aberdeenshire	21	Derby	1
Argyllshire	12	Dumbartonshire	12
Ayrshire	20	Dumfriesshire	29
Banffshire	7	Elginshire	13
Berkshire	1	Essex	1
Berwickshire	36	Fifeshire	130
British Guiana	1	Forfarshire	38
Bute	2	Haddingtonshire	36
Caithness-shire	10	Harris	1

TABLE IV.—*continued.*

Hebrides	1	Peebles	9
Inverness-shire	13	Perthshire	29
Ireland	1	Renfrewshire	19
Italy	1	Ross-shire	11
Kent	1	Roxburghshire	28
Kincardineshire	4	Selkirkshire.	38
Kinross-shire	4	Shetland	30
Kirkcudbrightshire	30	Stirlingshire	50
Lanarkshire	86	Surrey	1
Lewis	2	Sutherlandshire	13
Linlithgowshire	43	Switzerland	2
London	3	Warwickshire	2
Manchester	3	Westmoreland	1
Midlothian	74	Wigtownshire	2
Morayshire	2	Yorkshire	3
Nairnshire	2		
Northumberland	5		
Orkney	9		
			2414

II. DISPENSARY—OUT-DOOR PATIENTS.

Up to 31st March 1912, 23,118 *individual cases* received treatment at the Dispensary.

TABLE I.—SHOWING ATTENDANCES FROM 31ST MARCH 1911
TILL 31ST MARCH 1912.

	At Institution.	At their own Homes.	TOTAL.
April	969	201	1,170
May	1,053	210	1,264
June	906	197	1,103
July	787	168	954
August	898	184	1,082
September	922	195	1,117
October	1,040	216	1,256
November	1,201	225	1,426
December	1,007	203	1,210
January	1,152	214	1,366
February	1,152	218	1,370
March	1,253	230	1,483
	12,340	2,461	14,801
Visits paid by Nurses			8030
Number of Sputa examined			533
Official Notifications made to Authorities		{ Edinburgh 674 Leith . 94 }	768

TABLE II.—SHOWING DISEASES FROM WHICH PATIENTS SUFFERED.

Pulmonary Tuberculosis	16,926	Injury to Chest, and Hernia	
Bronchitis	1,988	of Lungs	21
Emphysema, with Bronchitis,		Croupous Pneumonia	32
Asthma, etc.	875	Pleura, Affections of	358
Œdema of Lungs, with or		Larynx, Affections of	413
without Bronchitis, Weak		Affections of related Organs,	
Heart, etc.	384	etc.	2,083
Capillary Bronchitis	38		<hr/>
			23,118

TABLE III.—SHOWING OCCUPATIONS OF PATIENTS.

Artists	44	Gardeners and Farmers	96
Asphalters	1	Gatekeepers and Messengers	139
Athletes	4	Glasscutters and Grinders	46
Bakers	225	Glassmakers and Bottle-	
Blacksmiths	141	blowers	12
Bookbinders and Folders	275	Glaziers and Gilders	37
Boilermakers	4	Golf-club and Ball Makers	17
Boxmakers	5	Grocers	126
Brassfinishers	133	Guards	28
Bricklayers	8	Gunmakers	15
Butchers	85	Hairdressers	80
Cabmen and Grooms	189	Hammermen	11
Carpenters, Joiners, and		Hawkers	174
Woodworkers	602	Hosiery Workers	26
Car Conductors and Drivers	72	Housewives	4640
Charwomen	230	Insurance Agents and Com-	
Chauffeurs and Motor Me-		mercial Travellers	220
chanics	8	Ironmongers and Typefounders	177
Chemists	35	Jewellers and Watchmakers	64
Children (below fifteen)	3818	Labourers	1432
Chimney Sweeps	12	Laundresses	213
Clerks and Warehousemen	650	Leather Workers	21
Coachbuilders	2	Librarians	3
Coal Miners and Workers	277	Lithographers	48
Comb and Brush Makers	30	Lorrymen and Carters	210
Confectioners	52	Maltmen	56
Coopers	22	Masons	697
Corkcutters	18	Meterworkers	3
Dairymen	29	Millworkers	359
Dental Instrument Makers	4	Moulders	13
Diestampers	3	Musicians	48
Domestic Servants	843	Networkers	6
Drapers	9	Nondescript	1102
Electricians	11	Opticians	2
Engineers and Enginemen	343	Paper Bag Makers	95
Farm Servants	62	Paper Cutters	72
Firemen	67	Paper Makers	2
Fishermen and Sailors	136	Painters	200
Fishwomen	58	Plasterers	56
Fitters and Riveters	90	Plumbers	111
French Polishers	5	Policemen and Watchmen	42

TABLE III.—*continued.*

Porters	215	Stationers	24
Postmen, Lamplighters, etc.	53	Stokers	17
Pottery Workers	3	Students	21
Printers, Compositors, etc.	519	Surveyors	8
Railway Servants	125	Tailors and Hatters	424
Riggers	6	Tanners and Curriers	28
Rubber, Sealing-wax, and Vulcanite Workers	368	Teachers	32
Saddlers	8	Telephonists and Workers	3
Salesmen	260	Tinworkers	91
Saleswomen	315	Tobacconists	15
Scavengers	38	Upholsterers	77
Seamstresses and Dressmakers	441	Van Drivers	69
Shoemakers	230	Waiters	172
Sick Nurses	59	Weavers	52
Slaters	41	Wireworkers	33
Soldiers	52		
Spinners	18		
			<hr/> 23,118

TABLE IV.—SHOWING AGES OF PATIENTS.

From 1-10	2,423
„ 11-20	5,151
„ 21-30	6,194
„ 31-40	4,529
„ 41-50	2,732
„ 51-60	1,358
Above 60	731
	<hr/> 23,118

TABLE V.—SHOWING SEX OF PATIENTS.

Males	12,286
Females	10,832
	<hr/> 23,118

TABLE VI.—SHOWING RESIDENCE OF PATIENTS.

Edinburgh, including Portobello and Joppa	17,882
Leith, Newhaven, and Trinity	2,630
Country	2,606
	<hr/> 23,118

TABLE VII.—SHOWING DISTRICTS FROM WHICH PATIENTS HAVE BEEN RECEIVED, OTHER THAN EDINBURGH, LEITH, AND IMMEDIATE VICINITY.

Aberdeen	6	Alyth	1
Aberdour	8	Airdrie	3
Abernethy	2	Annan	2
Addiewell	2	Anstruther	1
Alexandria	2	Arbroath	2
Alloa	14	Argyllshire	4
Alnwick	1	Armadales	24
Alva	17	Arran	1

TABLE VII.—*continued.*

Auchendinny	4	Drem	3
Auchterarder	1	Duddingston	14
Ayr	5	Dumbarton	2
Ayton	1	Dumfries	8
Bannockburn	1	Dunbar	15
Barrow-in-Furness	1	Dunblane	2
Bathgate	61	Dundee	18
Beattock	1	Dundonald	2
Belfast	1	Dunfermline	44
Berwick-on-Tweed	19	Duns	4
Biggar	1	Duntocher	1
Birkenhead	1	Dysart	5
Blackhall	17	Earlston	6
Blair Atholl	1	East Calder	10
Blairgowrie	2	Ecclefechan	1
Blantyre	5	Elgin	3
Bonar Bridge	1	Elphinston	4
Bo'ness	27	England	31
Bonnyrigg	44	Eyemouth	3
Bothwell	1	Falkirk	52
Bowbridge	1	Fauldhouse	8
Bridge of Allan	1	Fife	43
Broomieknowe	1	Ford	2
Broxburn	84	Forres	1
Buckhaven	1	Galashiels	53
Buckie	1	Garvald	2
Burntisland	13	Gifford	1
Caithness	11	Gilmerton	9
Caldercruix	1	Glasgow	136
Carlisle	4	Gordon	1
Carluke	1	Gorebridge	15
Carstairs	1	Govan	4
Castle-Douglas	2	Grangemouth	9
Chirnside	4	Granton	19
Cleland	1	Greenlaw	1
Coatbridge	4	Greenock	3
Cobbinshaw	2	Haddington	23
Cockenzie	93	Hamilton	6
Coldstream	3	Hawick	10
Colinton	12	Helmsdale	1
Corstorphine	37	Innerleithen	9
Cowdenbeath	13	Inverkeithing	13
Cramond	6	Inverness	7
Crieff	3	Ireland	5
Cumberland	3	Island of Eigg	1
Currie	13	Jedburgh	3
Dalhouseie	1	Johnstone	7
Dalkeith	30	Juniper Green	24
Dalmeny	6	Keith	2
Davidson's Mains	22	Kelso	4
Denholm	1	Kilmarnock	1
Denny	3	Kinghorn	3
Dollar	1	Kingsknowe	1
Doune	4	Kincardine	1

TABLE VII.—*continued.*

Kinross	3	Perth	16
Kirkcaldy	93	Pitlochry	5
Kirkcudbright	3	Polmont	14
Kirkintilloch	1	Polton	5
Kirkliston	11	Prestonkirk	3
Kirknewton	5	Prestonpans	36
Ladybank	4	Queensferry, N. and S.	28
Lanark	12	Ratho	6
Langholm	2	Reston	1
Langsidehouse	1	Roseburn	1
Larbert	1	Rosewell	15
Lasswade	11	Roslin	3
Lauder	1	Ross-shire	5
Leadburn	1	Rothsay	1
Lerwick	1	St. Abbs	1
Leslie	1	St. Andrews	7
Leven	4	St. Boswells	2
Liberton	19	Saltcoats	1
Lilliesleaf	1	Selkirk	9
Linlithgow	9	Sheerness	1
Liverpool	3	Shotts	6
Livingstone	1	Slateford	34
Loanhead	57	South Shields	3
Loch Fyne	1	Stenton	1
Lochgelly	7	Stirling	21
Lochwinnoch	2	Stobo	2
Lockerbie	3	Stonehaven	1
London	6	Stornoway	1
Longniddry	4	Stow	8
Macmerry	3	Straiton	2
Manchester	1	Strathspey	1
Manuel	1	Sutherlandshire	3
Markinch	5	Tain	1
Maybole	1	Thurso	1
Melrose	7	Tillicoultry	5
Methil	5	Tranent	120
Midcalder	29	Tynecastle	1
Midlothian	23	Uphall	25
Milton Bridge	1	Wales	2
Moffat	2	Walkerburn	6
Montrose	26	Wemyss	5
Motherwell	3	West Calder	12
Musselburgh and Fisherrow	275	West Linton	2
Newcastle	1	Whitburn	8
Newcastleton	2	Wick	6
Newton Grange	7	Winchburgh	11
Niddrie	4	Wishaw	1
North Berwick	6	Yoker	1
Oban	2	Australia	1
Orkney and Shetland	40	Brooklyn, N.Y.	3
Paisley	2	Canada	1
Peebles	32	Germany	1
Pencaitland	16		
Penicuik	54		

III. COLONY.

Since the date of opening, 50 patients have been transferred from the Hospital to the Farm Colony. Of these 28 have been discharged fit for full work, 3 have been returned to the Royal Victoria Hospital, and 19 remain in residence.

TABLE I.—SHOWING ORIGINAL OCCUPATIONS OF COLONISTS.

Bakers	1	Mechanical Engineers	1
Bookbinders	1	Messengers	1
Car Washers	1	Millworkers	1
Clerks	6	Miners	2
Confectioners	1	Motor Engineers	1
Coopers	1	Nursemaids	2
Crofters	1	Printers	1
Domestic Servants	4	Rubberworkers	1
Drapers	2	Saddlers	1
Dressmakers	2	School Children	2
Electricians	1	Shop Assistants	1
Engravers	1	Tailors	1
Fishmongers	1	Typists	2
Grooms	1	Upholsterers	1
Housewives	3	Waggon Trimmers	1
Ironmongers	2		
Joiners	1		50
Labourers	1		

TABLE II.—SHOWING AGES OF COLONISTS.

Under 15	3
From 15-20	16
„ 21-30	21
„ 31-40	8
Over 40	2
	50

TABLE III.—SHOWING SEX OF COLONISTS.

Males, 34; Females, 16; Total,—50.

TABLE IV.—SHOWING RESIDENCE OF COLONISTS.

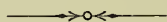
Edinburgh	27	Inverness-shire	1
Vicinity of Edinburgh	4	Juniper Green	1
Aberdeen	1	Ratho	1
Ayrshire	1	Shetland	1
Balerno	1	Sutherlandshire	1
Bonnyrigg	2	Tranent	2
Clovenfords	1	Uphall	1
Essex	1	Orkney	1
Fifeshire	2		
Hawick	1		50

TABLE V.—SHOWING OCCUPATIONS TO WHICH COLONISTS HAVE GONE ON DISCHARGE.

<i>A—Males</i>	5	Emigrated to Canada. (All obtained employment on farms on arrival.)
	1	Car Conductor.
	1	Caretaker.
	1	Commercial Traveller.
	1	Emigrated to New Zealand as Farm Servant.
	1	Farmer in this country.
	1	Farm Servant.
	1	Gardener.
	2	Labourers.
	1	Messenger.
	1	Park Ranger.
	1	Porter.
	1	Railway Ticket Collector.
	1	Soldier.
	1	Van Driver.
	1	Working Gardener.
<i>B—Females</i>	7	Returned home as Housewives.

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ILLUSTRATIVE CASES.



DISPENSARY.

The following notes of cases taken from the medical officer's book illustrate the work of this department:—

F. N.—Aged twenty-four, engraver, came to the Dispensary because of spitting of blood, and was found to be suffering from tuberculosis. The case was an early one, and in due course he was admitted to the Victoria Hospital. The customary domiciliary visit was made to the house, and it was discovered that the patient's mother was suffering from advanced tuberculosis, and a little sister was in an early stage. It was considered advisable to send the mother to the City Hospital for advanced cases, and the little girl was taken to the Royal Victoria Hospital as a visitant patient to the open-air school. Both brother and sister have done extremely well. The young man went out to Australia about a year ago, and, from latest accounts, is doing well.

H. S.—Girl, aged eleven, lives in a working-class district in Gorgie, and is one of a family of five. When she first came to the Dispensary, over eighteen months ago, she was found to be suffering from early tuberculosis of the lungs, as well as suppurating glands of the neck. The domiciliary visit of the nurse revealed the fact that she was sharing a bed with two little sisters. The discharging wounds in the neck were an obstacle to her being sent immediately to the Sanatorium (Royal Victoria Hospital), though otherwise she was an eligible case. Under the influence of tuberculin injections given at the Dispensary, the wounds healed up, and the child has now been for some months at the Sanatorium, and is making excellent progress.

Mrs. C.—Aged thirty-nine, has been a patient at the Dispensary for nearly a year. For the past eight months she has been unable to attend there. From the first she showed signs of advanced pulmonary tuberculosis. Her husband is a porter, but was formerly in a better position. Lack of means prevented her obtaining advice sooner, until a neighbour advised her to come to the Royal Victoria Dispensary. The nurse visits daily, and has done much to make her comfortable and the home conditions hygienic. The doctor goes two or three times a week. There are five children, and these have severally been looked after with a view to minimise the risk of infection.

SAMARITAN WORK.

The following cases show the nature of the work undertaken by the ladies of the Samaritan Committee:—

Mrs. M.—Aged forty, has been a patient at the Dispensary for several years and is in chronic ill-health. There are six in the family. During the past year or two they have been in difficulties, owing to the father being in irregular employment. The Samaritan Committee has been most helpful in this case. A situation was obtained for the eldest son, and the father is now working, so that the family have got into better circumstances, and have been able to remove into a larger house.

W. S.—Tailor, aged thirty-seven, first attended the Dispensary about two years ago, and at that time appeared to be a hopeful case. He was sent into the Royal Victoria Hospital, where he was an inmate for four months. He returned home greatly improved, and was able to work for some time at his trade. Unfortunately, tuberculosis of the throat appeared about a year ago. Since that time he has gone steadily back, and it was found necessary to transfer him to the City Hospital for advanced cases at Colinton. During his stay in the Victoria Hospital, his

wife and four children were looked after by the ladies of the Samaritan Committee, and when he returned from the Victoria Hospital a bed was lent to him so that he might sleep alone. When it was seen that he was not to be fit for work, his wife was assisted, and a small shop was obtained for her, by means of which she earns enough to maintain the children and her invalid father. S. was all along a most exemplary patient, walking up to advice most conscientiously both as regards treatment and prevention, and the rest of the family have kept in excellent health.

HOSPITAL.

The cases are purposely selected from among those under treatment some years ago as illustrations of the lasting benefits conferred by the Hospital.

A. W.—Cabinetmaker, aged twenty-eight. Admitted 21st July 1898, suffering from a bad cough, with a history of pleurisy and severe bleeding from lungs. He did well in Hospital, gaining over a stone in weight, and has never had a setback since leaving, nor lost a day's work through illness. He has conscientiously lived up to what he was taught in Hospital, and is strong and well to-day—fourteen years after.

Mrs. W.—Wife of the above, was admitted to Hospital on 11th May 1900, complaining of pain in chest, weakness, cough, and loss of weight. She had never been very robust, and had suffered from pleurisy. She gained weight while in Hospital, and went out much improved, has kept well ever since, and to-day looks in "robust" health.

L. J.—Jeweller's salesman, aged thirty, was admitted to Hospital in August 1903. His chief complaint was cough and physical "doneness." There was family history of consumption. Both lungs showed cavity formation. He remained in Hospital for four months, during which he gained 1 st. 1½ lb., and regained his former strength.

Seven years have elapsed since then, during which time he has maintained his recovered health and strength, and has been able to work regularly.

C. H.—Manservant, aged twenty-six, was admitted into Hospital in November 1905, complaining of cough, shortness of breath and pain in the chest. The symptoms had been present for four months. His previous history indicated that seventeen years before he had shown signs of disease. His chest was poorly developed, and both lungs were extensively involved. He was in Hospital for nine months. On discharge, he was free of symptoms, and was fit for a hard day's work as boiler attendant. Since then he has maintained excellent health.

FARM COLONY.

W. H.—Age twenty-one, mechanical engineer, was admitted into Hospital on 30th March 1910, and transferred to the Farm Colony on 10th February 1911. As a result of prolonged toxæmia, he was anæmic, irritable, and his muscle tone was poor. For several weeks after admission to the Colony his case caused some anxiety. He took great interest in the work allotted to him, and soon began to show signs of improvement. He was discharged on the 29th March 1912, looking the picture of health, and sailed the following day for Halifax, N.S. On the 14th April he writes: "As we all had to pass the doctor, you may guess my feelings when it was nearing my turn, but he hardly looked at me. He handed me a stamped ticket which certifies me fit in every way. I am employed here as a market gardener and farm hand. I am getting £5 a month with all found."

ABSTRACT OF THE CLERK AND TREASURER'S ACCOUNTS, from 31st March 1911 to 15th May 1912.

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I.—ORDINARY INCOME AND EXPENDITURE ACCOUNT.

INCOME.

Revenue received—

I. Subscriptions and Donations—
Edinburgh, Leith, and Portobello (page 57)—

(a) Per Lady Collectors	£436 19 0
(b) Per Charity Organisation Society	462 6 3
(c) Per Treasurer	506 13 11
	<hr/>
	£1,405 19 2

Country Districts—

(a) Per Lady Collectors	£1,646 19 9
(b) Per Treasurer (page 113)	981 13 8

Employees in Public Works (page 118)	2,628 13 5
Sunday School and Church Collections (page 119)	141 16 8
Collecting Boxes (page 119)	6 5 0
	<hr/>
	214 15 10
	<hr/>
	£4,397 10 1

2. Contributions from Patients, including £561, 12s. 10d. from Corporation of Edinburgh	1,560 17 10
3. Contribution from Corporation of Edinburgh towards Dispensary	505 9 7
4. Interests and Dividends	259 9 6
5. Fees for notification of Phthisis Cases	36 16 0
6. Nurses' Fees	38 0 10
	<hr/>
	£6,798 3 10

Excess of Ordinary Expenditure over Income carried to Extraordinary Account

	1,427 9 1
	<hr/>
	£8,225 12 11

EXPENDITURE.

I. Payments in connection with the Hospital—

1. Provisions	£3,246 4 7
2. Salaries to Resident Staff	407 15 4
3. Servants' Wages	467 17 8
4. Rates, Taxes, Insurance, and Telephone	173 5 7
5. Heating and Lighting	753 12 6
6. Furnishings and Maintenance	809 5 10
7. Medical and Surgical Supplies, etc.	119 16 6
8. Expenses of Laboratory	24 17 1
9. Upkeep of Grounds	140 19 11
10. Miscellaneous Payments	29 4 4
	<hr/>
	£6,172 19 4

II. Payments in connection with Dispensary—

I. Rent, Rates, and Insurance, <i>less</i>	£101 10 11
2. Salaries to Medical Assistants and Lady Dispenser	247 15 7
3. Nurses' Salaries and Sundries	131 11 5
4. Heating and Lighting	18 10 5
5. Furnishings and Repairs	2 15 11
6. Caretaker's and Charwoman's Wages	84 8 3
7. Medicines and Medical Appliances	284 9 6
8. Printing and Stationery	26 10 6
9. Miscellaneous Payments	20 17 0

III. Interest	918 9 6
IV. Printing, Stationery, and Advertising	343 16 0
V. Commission and Expenses of Organising Secretary	270 16 1
VI. Expenses of Management, including Auditor's Fee	305 15 11
VII. Expenses of Tuberculosis Exhibition and Lecture	135 4 3
VIII. Postages and Miscellaneous Payments	37 19 5
	<hr/>
	40 12 5
	<hr/>
	£8,225 12 11

II.—EXTRAORDINARY ACCOUNT.

CHARGE.

Funds as at 31st March 1911	• • •	£6,888 16 1
Donations in response to Coronation Appeal for Funds for a New Dispensary, etc. (page 121).	£5,791 1 8	
Less—Expenses	496 8 2	
		5,294 13 6

Legacies—

Trustees of the late David Jamie, sum allocated by them from his estate, per Pringle & Clay, W.S. £1,000 0 0

Trustees of the late James Clason Harvie, per Buchanan & Buchan, S.S.C. 500 0 0

Trustees of the late Charles Anderson, of Fethykill, sum allocated by them out of the residue of his estate (in addition to £1000 already received), per Boyd, Jameson & Young W.S. 250 0 0

Trustees of the late Miss Susan J. Wenmyss, per W. B. Wilson, W.S., £200, less duty, £20 180 0 0

Trustees of the late Mrs. Logan, per Smith & Watt, W.S. 100 0 0

Trustees of the late G. G. Tod, per Bell, Bannerman & Finlay, W.S., second instalment of 10 0 0

2,040 0 0

£14,223 9 7

DISCHARGE.

Extraordinary payments in connection with Hospital—		
New Sinks for Kitchen.	£83 13 0	
Rebuilding Coal Store, etc.	32 2 0	
Erection of Flag Staff	11 10 0	
		£127 5 0
Payments for New Dispensary—		
Purchase Price of Property and relative Expenses	£2,780 18 11	
Payments to Account to Contractors	1,275 0 0	
Payment to Account of Architects' Fees	103 10 7	
Furnishings	14 10 0	
		4,175 19 6
Excess of Ordinary Expenditure over Income transferred from Ordinary Income and Expenditure Account	• • •	1,427 9 1
Depreciation on realisation of Investment	• • •	119 14 0
Funds as at 15th May 1912—		
£1000 4% Debenture Stock of the Caledonian Railway Company at cost	£1,227 17 6	
£1000 3½ Debenture Stock of the North British Railway Company at cost	919 9 6	
£1000 3% Perpetual Debenture Stock of the South-Eastern Railway Co. at cost	901 12 9	
£1000 4% Debenture Stock of the Great Eastern Railway Company at cost	1,200 17 3	
£1000 4% Perpetual Guaranteed Stock of the Great Northern Railway Co. at cost	1,197 2 0	
Balance due by Farm Colony (page 56)	2,550 0 0	
Sum in Lady Superintendent's hands to meet current weekly wages	30 0 0	
Cash Balance in hands of Treasurer	14 0 0	
Excess of Sums received over payments made after 15th May 1912, applicable to the period ended 15th May 1912, and included in this Abstract	428 1 5	
		£8,469 0 5
Deduct—Balance due to Commercial Bank of Scotland	95 18 5	
		8,373 2 0
		£14,223 9 7

EDINBURGH, 8th August 1912.—I have audited the Accounts of the Intromissions of the Clerk and Treasurer of THE ROYAL VICTORIA HOSPITAL FOR CONSUMPTION, EDINBURGH, for the period from 31st March 1911 to 15th May 1912, of which the above is an Abstract, and have found them correct.

EDWARD BOYD, C.A., Auditor.

FARM COLONY.

ABSTRACT OF ACCOUNTS for the period from 23rd June 1911 to 15th May 1912.

CHARGE.

I. Subscriptions and Donations (page 120) £109 11 6

II. Revenue from Farm Colony—

Sales of Pigs £337 13 8
 Sales of Vegetables and Garden Produce 116 13 4
 Sales of Poultry and Eggs 58 13 6
 Water Rent 10 0 0

III Deficit as at 15th May 1912—

Balance due to Ordinary Funds (page 55) £2,557 0 0
 Balance due to Commercial Bank of Scotland 256 11 2

Deduct—Balances in hands of Medical Superintendent and Treasurer 21 11 10

2,784 19 4

DISCHARGE.

I. Deficit as at 23rd June 1911 £1,263 2 4

II. Extraordinary Expenditure—

Erection of Pig-shelters and Boiler-house . . . £148 12 4
 Fencing and Drainage 109 2 8
 Repairs to Springfield House and Lodges . . . 99 6 2
 Furnishings for Springfield House and Lodges . . 71 6 2

428 7 4

III. Ordinary Expenditure—

Purchases and Upkeep of Pigs £179 18 6
 Outlay on Garden and Fields 59 18 8
 Upkeep of Poultry 29 18 2
 Wages of Farm-hands 153 1 0
 Boots, Leggings, and Waterproofs for Colonists 13 19 1
 Stable Expenses 61 3 10
 Implements, etc. . . . 21 4 1

£519 3 4

Provisions 478 10 10
 Salaries of Medical Superintendent and Matron 327 2 5
 Heating, Lighting, and Cleaning 141 13 8
 Repairs, Utensils, and Materials 27 1 5
 Feu-dues, Rates, and Insurance 119 3 10
 Printing and Stationery 13 3 3
 Telephone 14 8 6
 Interest 32 18 2
 Expenses of Collection 15 5 0
 Miscellaneous 37 11 3

1,726 1 8

£3,417 11 4

£3,417 11 4

EDINBURGH, 8th August 1912.—I have audited the Accounts of the Intrusions of the Clerk and Treasurer of THE ROYAL VICTORIA HOSPITAL FOR CONSUMPTION, EDINBURGH, in connection with the Farm Colony, for the period from 23rd June 1911 to 15th May 1912, of which the above is an Abstract, and have found them correct.

EDWARD BOYD, C.A., Auditor

REGULATIONS FOR PATIENTS.

THE HOSPITAL.

1. The Royal Victoria Hospital for Consumption, Edinburgh, is founded for the treatment of patients suffering from Consumption, who are in necessitous circumstances.

2. No patient whose household is in receipt of Parish Assistance shall be considered eligible for admission into the Hospital.

3. Patients will be admitted to indoor treatment, only if the Physician is satisfied that the case may reasonably be expected to benefit thereby.

4. Subject to the above restrictions, patients will be received in order of application, according as vacancies may occur.

5. A small number of beds is available for patients able to contribute £1, 1s. weekly towards the cost of maintenance. Patients will be admitted on this basis strictly in order of application, and only on condition that they can contribute the weekly sum for at least four months, should residence for that period be deemed desirable by the Physician.

6. The length of residence in hospital will depend on the nature of the case. With regard to this the Physician shall be the judge.

7. No case shall be admitted twice within one year.

8. In entering the Hospital, patients agree to conform rigidly to the Rules of the Institution. No patient shall be readmitted if he has once been discharged for breach of Rules.

9. Applications for admission should be made directly at the Dispensary, Spittal Street, Castle Terrace, or by letter, addressed to the Clerk and Treasurer, Mr. L. B. BELL, C.A., 42 Castle Street, Edinburgh.

THE FARM COLONY.

The Farm Colony is established for the behoof and continued supervision of persons who have made a good recovery at the Royal Victoria Hospital, and to whom immediate return to ordinary life might mean relapse.

THE DISPENSARY

SPITTAL STREET, CASTLE TERRACE.

1. The Dispensary is open for consultation to all necessitous patients suffering from Consumption or allied disease, on Mondays, Wednesdays, and Fridays, at 3 p.m., and to all inquirers regarding the prevention of tuberculosis.

2. Medicines are dispensed *gratis* only to such patients as the Physician ascertains to be in need of such further assistance. A formal charge of One Penny will be made for each prescription so dispensed.

3. Patients shall not receive advice or medicines unless they attend punctually at the appointed hours, which are indicated on the Prescription Form.

The above Regulations are subject to alteration by the Acting Committee.

THE DISPENSARY, SPITTAL STREET, CASTLE TERRACE, is open for the Reception of Patients on MONDAYS, WEDNESDAYS, and FRIDAYS, from 3 to 4 p.m.; and for the Dispensing of Medicines Daily (except Sunday), from 10 to 10.30 a.m., and on Mondays, Wednesdays, and Fridays, from 6 to 6.30 p.m.

